

COMPULSION AND DOUBT

Other works by William Stekel M.D.

Frigidity in Woman
Impotence in the Male
The Interpretation of Dreams
Peculiarities of Behaviour
Sadism and Masochism
Sexual Aberrations

COMPULSION AND DOUBT

[Z W A N G U N D Z W E I F E L]

by

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authorised translation by

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Volume I

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COMPULSION AND DOUBT

(Zwang und Zweifel)

VOLUME I

Preface

*

I. INTRODUCTION

IN SPITE OF THE abundance of literature concerning the diagnosis, pathology and therapy of compulsion neurosis, we still have to cope with a considerable divergence of opinion in this field. While a large group of authors of the old school, such as Magnan ¹ and Meynert,² considered obsessional diseases as organic brain disturbances, and compulsion neurosis as a form of insanity or degeneration, some writers, even as far back as the nineteenth century, Charcot,³ Freud,⁴ and Ziehen,⁵ to mention but a few, were able to recognize compulsion neurosis as a disease *sui generis* and generally differentiated it from psychosis. With the progress of psychopathology, differentiation

¹ *Psychiatr. Vorlesungen*, Leipzig, 1892.

² *Über Zwangsvorstellungen*, Wiener Klin. Wochschr. 77, 1888.

³ Charcot et Magnan, *De l'onomatomanie*, Arch. de Neurol., 1892.

⁴ *Arbeiten zur Neurosenlehre*, 1892-1899.

⁵ *Psychiatrie*, 1-4, Aufl., 1894-1911.

between obsessive diseases and other psychopathological conditions caused some difficulty. In the writings of Janet,⁶ Kraepelin⁷ and Westphal,⁸ we find various hysterical disturbances such as phobias, impulsive acts, drug addiction and dipsomania, further depersonalization and tics, incorporated under the collective name of "obsession."

It is Stekel's merit to have cast considerable light upon the problem of obsessive-compulsive disorders. The current volumes, *Compulsion and Doubt* will be of great service to the profession as well as to all those interested in one of the most fascinating emotional disturbances of our time. These volumes conclude Stekel's encyclopedic work *Disorders of the Instincts and Emotions*.

In the following pages I shall outline Stekel's views to indicate the tremendous scope and the manifold implications of the subject discussed.

Stekel divides the obsessional and compulsive phenomena into the following groups:

- (I) Obsessions,
- (II) Compulsions, and
- (III) The Obsession or Compulsion Neurosis.

(Stekel uses the terms *parapathy* and *paralogia* for *neurosis* and *psychosis*, respectively. I shall use the latter, more familiar, nomenclature throughout the book.)

The *first group* comprises obtrusive ideas which the patient considers "ego-foreign" and which he vainly attempts to renounce.

Compulsions include various acts executed by the patient as a result of irresistible impulses. The patient himself may consider these acts nonsensical or alogical, yet he is forced to

⁶ *Les Obsessions et la Psychasthénie*, Vols. I and II, Paris, 1903.

⁷ *Lehrbuch der Psychiatrie*, 8 Aufl., 1915.

⁸ *Über Zwangsvorstellungen*, Berlin Klin. Wochschr. 46 and 47, 1877.

comply with his impulses because of his fear of an impending disaster.

The *obsessional or compulsion neurosis* consists of a more or less complicated system of obsessions and compulsions. Although the names "*obsessional neurosis*" and "*compulsion neurosis*" are often used interchangeably, it is more correct to reserve the name "obsessional neurosis" for those types of neurosis in which the obsessions are predominant. Since, however, obsessions also represent a compulsive type of thinking, Stekel uses the term "compulsion diseases" (*Zwangskrankheiten*) when he speaks of both forms indiscriminately.

We can trace the origin of compulsion neuroses to childhood, more exactly, to the time around puberty.⁹ All children show a predisposition to compulsions. The development of early compulsive reactions into an obsessive-compulsive system depends on secondary factors, foremost of which are training and environment.

II. SYMPTOMATOLOGY

I. *Peculiarities of Thinking*

Obsessional thinking shows many characteristic features. The types we find most frequently represented are the following:

(a) *A rigid flow of associations.* The patient is not able to control the flow of associations when they take a pathological course.

(b) The patient's intention is to achieve *complete concentration* on a particular thought with the *exclusion of all other ideas*. Since this is impossible for him, a constant struggle accompanies the process of thinking.

⁹ Most other neuroses originate in infancy or early childhood.

(c) *Intellectualization of conflicts.* All of the patient's problems and conflicts find their expression in the intellectual sphere and appear detached from their emotional bases.

(d) *Displacement of emotional accents.* Whenever obsessional thoughts are accompanied by affects, their accents appear displaced and incongruous, and the most unimportant problems attract the strongest emotional emphasis.

(e) *Bipolarity.* Most writers agree that in compulsion neurosis there is a peculiar division of thinking processes. This division was first called "dualism" by Friedmann, then "bipolarity" by Stekel and finally "ambivalence" by Bleuler and Freud. The latter said about one of his cases: "I did not hesitate to assume that the patient had in this question two different and opposite opinions, and neither was fully crystallized. . . ."

The bipolarity of thinking is particularly pronounced whenever moral categories are involved. Constantly in the patient's mind moral tendencies are countered by immoral, desires by bans, bans by desires. The treatment may be impeded by this condition. Some patients ask the physician not to give them any direct advice for fear that defiant counter-thoughts may render it valueless.

(f) *Counterpoint thinking.* While the patient engages in thinking, various "counter-thoughts" accompany the thinking process, disturbing it, questioning the correctness of the thought content, checking on the logic, structure, and even syntax of its sentences. The keeping of counter-thoughts out of his mind often represents a major intellectual achievement for the patient.

(g) *The belief in the omnipotence of thought.* The patient's primitive belief in magic and omnipotence plays a great part in his thinking processes. It offers him a valuable feeling of superiority but, at the same time, it places a considerable moral responsibility upon his shoulders.

2. Peculiarities of Emotion

(a) *Neutralization of hatred.* Most investigators agree that compulsion neurotics are greatly thwarted in the expression of their emotions. Worst of all, they cannot love; and unlike normal individuals they are also unable to neutralize rising emotions of hatred. Parental injustice which the patient has experienced in his childhood is often a source of strong and persistent criminal impulses. These impulses, through suppression, may play a great part in originating and maintaining a compulsion disease. Freud also claims that sadistic trends persist in these cases.

When we say that compulsion neurotics are unable to neutralize emotions of hate, we refer to the usual means of neutralization, to wit, repression and sublimation. The compulsive neurotic cannot prevent aggressive ideas from entering his consciousness. Once they have penetrated his conscious mind where repression is no longer possible, he is forced to fight them on the field of consciousness by using intellectual weapons such as magic formulas, curses, oaths. He must also carry out a number of "protective" symbolic actions in order to "save" others and to placate his conscience. However, the struggle is unending, and although the patient is ready to throw more and more energies into the battle, to chastise himself, to sacrifice his happiness, and thus turn himself over to the enemy, the results are always the same: defeat, and the necessity of starting his actions all over again (Repetition Compulsion).

(b) *Some consequences of emotional bipolarity.* (1) *Bisexuality.* Bipolarity is responsible for the patient's persistent bisexuality. The homosexual component is chiefly found in symbolic disguise similar to its appearance in dreams. Many phobias found in compulsion diseases, for example, poison and

infection phobias, may represent the patient's fear of homosexual temptation. (2) *Paradox impulses*. Numerous bizarre reactions of phobic character can be traced to the split in the patient's emotional life. Some patients are afraid that they may have the impulse to act in a paradoxical way, that they may spoil the spirit of weddings, funerals and celebrations by a contrary behavior, and that they may arouse undue notice. Others harbor herostratic ideas, ideas of committing appalling crimes, etc., while at the same time they are striving for virtue and perfection. (3) *Doubts*. Another feature of the patient's emotional bipolarity is his inclination to develop doubts. These doubts show a polymorphous structure. They may have a historical aspect, referring to an event of the patient's past, or they may refer to a present-day situation; or they may have an aspect pointing towards the future, as a part of the patient's secret neurotic "life plan."

In compulsion neurosis doubt is emotional energy transformed into intellectual energy, just as the affect of anxiety is in anxiety neurosis. We find doubt also in other neurotic disorders, where it may appear as a "forme fruste" of anxiety, while in compulsion neurosis doubt is always associated with anxiety. Behind the doubt, various conflicting emotions may be hidden. Bipolarity in general and bisexuality in particular may offer suitable media for the development of doubts.

Let us say a few words about the *annulment mechanism*, an important cause of doubt which was discovered by Stekel. In compulsion diseases more than in other forms of neurosis we must distinguish between repression and annulment. The fundamental difference lies in the fact that in annulment painful experiences are shifted into day dreams, while in repression painful experiences may be eliminated from consciousness and pushed into the unconscious, after which they may reappear in dreams or symptoms. Annulment can be compared with hysteri-

cal amnesia, with the difference that (1) in annulment specific events or specific ideas are rendered "non-existent," (2) that the patient's amnesia is not general but concerns individual factors, and (3) that the knowledge of these factors at no time leaves the realm of the patient's consciousness. The patient *behaves as if* the event in question never existed.

This wilful denying of one phase of reality makes him lose confidence in any other phase of reality and generally distrust the value of his perceptions.

3. *The Ego in Compulsion Neurosis*

The ego in compulsion diseases never fully loses its demarcations (Federn's *Boundary Cathexis*). Obsessions may come and go, compulsions may change their character, the ego itself may shift and seem to multiply—but it never undergoes intrinsic changes.

The patient is unconcerned with what may happen to him or to his ego. Those rare cases where he seems concerned with his own future, his health, or the blessings of heaven, upon closer scrutiny, prove to represent displaced affects as a result of identification with his prospective victims. For, contrary to the circumstances in phobias where the superego of the patient, in form of anxiety, attempts to save the ego from the run of antisocial drives, the superego of the compulsion neurotic forces the patient to "save" other people at any cost. Stekel calls the compulsion neurotic "object-ill," while the phobic is "subject-ill." In compulsion diseases it is the patient's relationship to an object (usually a close member of the family) that is disturbed. The patient shows an ambivalent emotional attitude toward this object, that is, the polar tension between the extremes of love and hate with regard to this object is also extreme.

The differences between the "subject-ill" and the "object-ill" may be summarized as follows:

(1) The "subject-ill" patient uses his own body to symbolize his emotions. He expresses his own mental conflicts through the organ language of his mind (somatization). The "object-ill" neurotic, however, symbolizes the outer world and the functions of his everyday life such as his washing, dressing, eating, defecating.

(2) The "subject-ill" feels that he has failed in his relations toward the outer world; he feels inferior to the demands of life; while the "object-ill" is conscious of his abilities; he fails because of his bipolar family fixations which create defiance, aggression and self-punishment.

(3) The "subject-ill" makes efforts to extrovert himself in order to adjust himself to the world; the "object-ill," however, is introverted and makes no attempts at extroversion.

4. *Ceremonialism in Everyday Life*

(a) *Fear of the emptiness of life.* Most compulsion neurotics are intelligent and highly talented people, but with their involved emotional processes they misuse their abilities. Their lives stagnate; their intellectual development is stunted; their illness offers them an excuse for not achieving their goals. If the results in real life are rather meager, the "achievements" enjoyed through the medium of obsessions and compulsions are tremendous.

Compulsion diseases offer a good training in "laziness," i.e., in wasting of time. The symbolization of the everyday life, rendering trivial functions complicated, serves the patient to overcome his *horror vacui*. His fear that he may think what must never be thought, or that he may do what must never be done, drives him towards a *perpetuum mobile* of pseudo-occu-

pations designed to kill time. By these pseudo-occupations the patient produces an emotional theater which enables him to keep busy and to ward off boredom.

Most compulsion neurotics also ascribe good or bad omens to many trivial actions. In the patient's mind, trifles receive mystical value, while great and important experiences are underestimated. The day of a compulsion neurotic is filled with the scrutiny of tiny details. His whole life is split into thousands of "important trifles." They are invented by the patient in order to cover one or a few facts of his life which have become fateful to him, and which must not be remembered.

(b) *The repetition compulsion.* The pattern of compulsion neurosis is the repetition compulsion. According to Freud, in the repetition compulsion the patient symbolically repeats a specific traumatic scene plus the resistance which he was unable to display at the time when the traumatic experience occurred. (Belated correction.) The repetition compulsion is based on unsettled problems. However, since a symbolic solution such as is attempted in the compulsion leaves the inner problems untouched, the whole action becomes a *perpetuum mobile*. In some repetition compulsions the patient behaves as if he wanted to make good some of his past omissions and mistakes. He repeats his actions as though striving for an imaginary state of perfection—but the desired condition is never achieved. Therefore, we often have the impression that the thing the patient really wants to repeat is his whole life; that he wants to start it anew and, this time, keep it free from guilt.

This behavior can be observed in a typical form of compulsion disease called *manie de perfection*. Whatever the patient does must be done in a perfect manner: washing, counting, walking, praying, thinking. No normal person who is interested in physical hygiene devotes so much time and care to his washing as a compulsion neurotic. No truly religious person

is so careful to collect such intense concentration and devotion for his prayer as the compulsion neurotic does. Imperfection is a natural quality of the mortal, a law a compulsion neurotic refuses to accept. But the patient is troubled with doubts, and his desire for perfection propels him to an endless repetition compulsion.

Every action of the compulsion neurotic requires a "program," and if this program cannot be executed, strongest expressions of anxiety become manifest. The patient must be sure of the performance of his compulsions in order to prevent the explosion of his anxiety. He does this by directing sanctions against himself. Indeed, each patient has an elaborate system of sanctions to enforce an exact performance of compulsions. These sanctions, as may easily be recognized, imitate parental punishment.

III. MECHANISMS

1. Symbolization

(a) *The principle of the "as-if."* As stated before, there is always a deep meaning hidden behind obsessions and compulsions. Interpretative analysis is usually able to render illogical actions logical and to place them within the psycho-dynamic structure of the specific compulsion disease. "Washing" may thus prove to represent a purification of the patient's soul; or it may represent a religious equivalent to a ritual of baptism; or it may have the character of an oracle. Most of the patient's activities become substitutes and expressions of other, more meaningful, activities and seem to follow the principle of the "as-if." The way the neurotic relaxes, gets up, opens the door, starts and finishes things—he may associate all the procedures with important, mystical functions. All the seemingly unim-

portant objects he possesses may prove to have special meaning. Letters, stamps, photos with which the patient refuses to part, may play an integral part in his daydreams. When he behaves as if he were fearful of losing an object he may suspect that he is attempting to undo a loss he has suffered in the past, the loss of an affection, an opportunity, or the like. In his neurotic behavior he may annul this loss; he may behave as if, by exerting extraordinary anxiousness and care, he will be able to avert the loss—even though it has actually occurred already. If the compulsive action is carried out flawlessly the patient is happy. He knows that everything is going to be well and he will prove himself worthy of a splendid future.

(b) *Obsessions about the body.* In adults we frequently find obsessions concerning the body or individual organs. Usually these obsessions are connected with the patient's feeling of guilt and inferiority. The somatic obsessions are mostly monosymptomatic, though they are always parts of a more complicated neurotic system. A person who has an obsession centered on his nose, not only is forced to think constantly of his nose, but he also operates with a "nose currency," so to speak, that is, in looking at people he sees only their noses and compares them with his own. No other human problem appears to be worthy of his attention.

(c) *"Unintelligible" obsessions.* Some obsessions are not intelligible to the patient himself. Words of a seemingly nonsensical character may obtrude upon his mind, may cause him to suffer severe discomfort. Some of the words are fragments of sentences which are comprehensible. Others are unintelligible products of condensation, similar to those found in dreams. The same is true of melodies, some of which show a great tenacity. If we analyze them we find a relationship with the patient's inner problems.

2. Memory and Attitude Towards Reality

(a) *Falsifications of memory.* The danger in compulsion diseases is that the fictitious world, which is substituted for real life, may entirely swamp the world of reality.

The fusion between reality and unreality often leads to falsifications of memory which in compulsion neurosis occur in two directions. We find what Freud called "screen recollections" in which a recalled experience substitutes for a repressed, usually *an earlier* and more embarrassing experience. Alongside the screen recollections we frequently find their opposite, "displaced recollections" in which the patient recalls an irrelevant experience of his past and endows it with undue emotional weight in order to neutralize *a more recent* experience which has a strong emotional accent.

(b) *Fear of recollections.* In some cases we find in the patient a "fear of recollections" which is based on a feeling of guilt. In other cases we note a peculiar "compulsive frankness" which is a ruse utilized by the patient to overcompensate his fear of revealing the truth about more important matters. Cases of brooding compulsion, i.e., cases where the patients have the compulsion to muse about the past or about irrelevant problems, have a close connection with repressed traumatic experiences. The "impulse to think" is shifted from important to irrelevant material.

(c) *Recalling compulsion.* Contrary to the above, some individuals have the urge to recall specific events. The impulse is genuine and an attempt to penetrate the veil of repression. But the events recalled are substitutes for the one that remains repressed.

(d) *Partial memory.* Due to a displacement of emotional accents, the patient's memory becomes highly selective, leaving often important facts entirely outside of the searchlight of con-

sciousness. One thinks here of Nietzsche's famous statement : " 'You did it' says Memory. 'You couldn't have done it,' says Pride. And Memory gives in."

(e) *Important and unimportant recollections.* In compulsion diseases the most important affects remain unconscious. Displacements of affect help to confuse the psychodynamic structure. This explains why the patients often conceal pertinent material or report strongly pathogenic traumatic experiences nonchalantly, as though they were insignificant, everyday occurrences.

We are used to believing that processes bare of emotional charge are apt to escape our attention. That processes which occur during an emotional storm may be overlooked and forgotten is less well-known. In the background of every obsessional disease are experiences which were "forgotten" because they occurred when the patient was in a state of intense emotional excitation.

The emotional storm accompanying an experience seems to overpower consciousness, and only on the periphery of consciousness does it leave a trace of memory. The fear of such recollections leads to development of substitutes, of obsessions. When a patient suffering from this fear is quiet and relaxed for a short time, he begins to distrust the placidity. He fears that a recollection, disguised as an obsession, may push to the fore and seize indisputable possession of his thoughts. Hence any silence is loathed, for to him it appears to be a silence before a storm.

3. *Attitude towards Time*

(a) *Eliminating time.* Aided by the annulment mechanism, the patient can also eliminate time and thus free himself of all laws that astronomic time places upon him. He may live "time-

lessly" or may set his own pace of life. Actions which take a normal individual seconds may require hours and days. (The "slow motion" phenomenon.) Occupations such as washing, writing, walking, eating, which to a normal individual, represent sets of reflexes conditioned by training and habit, appear as complicated and difficult procedures which the patient has to re-learn again and again.

Automatization is a part of our life. It allows us to carry out many complicated occupations with relatively economical use of time. Training facilitates automatization of our work. Compulsions, however, are directed against automatization. A compulsion neurotic is often forced to watch the individual phases of an otherwise automatized action. By doing this he disrupts the normal chain of reflexes needed for the execution of the individual action and permits doubts to creep in and to interfere with them. Compulsion may completely annihilate the effect of training.

(b) *Eliminating death.* The timeless way of living also makes it possible for the patient to tell himself that his own death means nothing to him. His neurosis keeps him beyond the laws of life and death. The rare moments in which he perceives the passing of time are intolerable to him. His time is spent on ceremonials, systems, fantasies and doubts, and on checking and rechecking his pseudo-activities. He may also act similarly toward sleep which poets call the "brother of death." He may postpone the hours of sleep and in this symbolic fashion postpone the hour of his death. It is easy for him to picture himself immortal, a saint, an ascetic, a martyr.

(c) *The secret life plan.* Most of these individuals endure the tortures of hell in their neurosis with remarkable steadfastness. They are waiting for the fulfillment of their specific fantasies. It is as if they were gambling their lives on a single card in the expectation of the one great moment of happiness

when finally they will achieve their physical and spiritual gratifications. Upon a close analysis this anticipated happiness proves to be but a repetition of an old pleasure experienced by the patient—in fact or in fantasy—at some time in his childhood.

4. The "Secret"

(a) *Truth in compulsion diseases.* An outstanding feature of compulsion neurosis is the patient's attitude towards truth. Law demands that the individual be truthful. The oath, which enforces truthfulness, is offered to the Highest Being, who is entitled to the truth because of his omniscience. Oath and punishment for transgressing it also play a significant part in compulsion diseases. Many compulsion diseases are but chains of alleged perjuries followed by self-inflicted punishments for these perjuries. The patient's constantly active feeling of guilt renders him oversincere and anxiously determined to speak the "absolute" truth. But, at the same time, no other neurotic is so much afraid of the truth as the compulsion neurotic. He succeeds in so confusing the intentions of his inner self that, finally, he does not know which are his real desires and which are obsessions or compulsive imperatives.

Since most compulsion neurotics have a history of oaths in which the lives of their relatives are involved, they very easily become "guilty of murder." We, therefore, understand why the compulsion neurotic fears nothing more than having to swear in courts or on other occasions. Swearing causes endless doubts in his mind, and the spectre of perjury haunts him for months and years after he has taken an oath.

(b) *Fear of betrayal.* While struggling with the problem of truthfulness, many patients behave as if they were afraid of betraying secrets, or as if they were afraid of an involuntary confession, or were suspected of crime and were about to prove

their innocence. Sometimes they act as though they were trying to avoid losing important notes or giving away embarrassing written statements. In this respect their behavior distantly resembles that of criminals or paranoiacs. Fear of betrayal is not the only factor which determines their actions. Real secrets are hidden in the background of many cases, and to preserve these secrets the compulsions have been invented. This factor also may be responsible for the desire of so many patients to conceal their illness, or to rationalize their compulsions. Some patients even fake recovery at some stage of the treatment in an effort to keep the last vestiges of their secrets undiscovered.

5. Family and Authority

(a) *Parental authority in the pathogenesis of compulsion diseases.* In all compulsion diseases the parental authority is incorporated into the patient's obsessional system. We find it in symbolic disguise, alongside the symbolic representation of instinctual cravings. Both represent poles of an emotional high-tension system.

The patient performs as though the parental imperatives of his early life and his reactions to them were the pattern of his emotional life. In his symptoms it is not difficult to recognize remainders of his struggle against educational authority, defense reactions to parental imperatives. For instance, some cases appear to be built around the imperative "hurry up." Not that the patient follows it in his illness; he caricatures it. One part of his personality, representing the parent, urges him to rush, while his own representation appears hopelessly involved in details of executing the intended action so that this action is endlessly delayed and "slow motion" occurs.

In their washing compulsions these patients rebel against the necessity of keeping physically clean; in their blasphemous

obsessions they rebel against the imperative of decency. They seem to crave freedom and independence. Many of them remain unmarried in order to evade the "compulsion" of matrimony. But on the other hand, the weak and frightened ego is helplessly exposed to the tyranny of the primitive and relentless superego whose laws seem sacred.

(b) *The complex of "shattered authority."* Some cases can be traced to a basic conflict which Stekel calls "the complex of shattered authority." In the histories of compulsion neurotics we may hear of parents who have betrayed the children's confidence or have not lived up to the moral standards which they themselves set for their youngsters. The children have then turned the implanted moral principles against their parents. The formula runs as follows: "You have instilled moral principles which were to pilot my life, but you, yourself, do not abide by the principles you teach. Therefore, I condemn you as you would condemn me were I to violate your teachings."

The complex of shattered authority contributes greatly to the feeling of insecurity which characterizes the social attitude of the compulsion neurotic. Many symptoms, such as repetition compulsion, *manie de perfection*, doubts, brooding and question manias, and many others, are direct consequences of the patient's desire to strengthen his supposedly insecure position in life.

6. Moral and Immoral Imperatives

(a) *Religion in compulsion neurosis.* There seems to be an inverse relation between the occurrence of compulsion diseases and that of hysteria. In times and at places where hysteria is receding, compulsion diseases are spreading and vice versa. The general trend toward sex and religion seems to play a great part in this peculiar phenomenon. A more liberal attitude

towards sex seems to facilitate elimination of hysteria, whereas religious liberalism apparently contributes to the spread of compulsion disease.

The resemblance between religious and compulsion neurotic rituals is sufficiently known. In accordance with the primitive level of the patient's personality his rituals are very cruel, requiring utmost self-sacrifice and self-humiliation, and depriving him of all personal happiness. Sometimes we have the impression that the patient is following the formula, "You must never be happy." Most patients of this type have lost their sense of happiness. They are candidates for suicide, but lack the courage to commit suicide; just as they are criminals without the courage to commit a crime. In their sexual attitudes, attractive partners become unattractive; the entire sex life appears "neutralized," that is, barren and unappealing. They refuse to accept happiness today because prior to the onset of their illness they were ready to pay with the death of other persons for their own happiness ("death clause"). At that time their formula was: "When your father (mother, or other person) dies, you will gain happiness." In their fantasies they are anxiously trying to prolong the life which they endangered and, since in their minds happiness is linked with death, they also postpone the time of their own enjoyment.

Since religions preserve most of the prohibitions which cultures have established for the control of man's instinctual life, the basic attitude of the compulsion neurotic is directed against religion. He counters established religion with a religion of his own coinage. In this "private religion" (Freud) all questions of the civilized man, "May I?" "Can I?" "Shall I?" are answered with a categorical "You must!" And yet, underlying doubts dispel much of the strength of this categorical imperative. The patient must repeat his actions again and again, and it is as though some of the eternal questions of

civilization were asked, and were to be answered, again and again.

The stronger the resistance to inner anti-social and anti-moral impulses, the greater the inclination to blasphemy. If the patient wishes to bow devoutly to the divinity, a counter-impulse may turn him against the divinity. This often results in fear of entering the house of worship. We can say that no real obsessional neurotic, no matter how highly religious he may consider himself, is capable of praying with genuine fervor. His inner doubts subject him to strong rebellious thoughts directed against God, and he is always ready to make a pact with the devil.

(b) *Criminal tendencies*. Stekel calls compulsion diseases the "spiritual prison of the latent criminal." It offers the patient the protection against his own anti-social impulses.

The conflicts become more poignant, however, in the face of a strong sexual fixation. Then Oscar Wilde's "Each man kills the thing he loves" becomes more than a poetic phrase. A parricide idea may be an expression of the wish for freedom from an overstrong father fixation, or from a jealousy which does not permit the patient to share his father with other siblings. The son who loves his father most may be the first to wish to kill him. The motive may be the latent homosexual fixation, or the "inverted Oedipus complex," which can be put into the words: "I hate you because I love you although it means my ruin."¹⁰

We often find compulsion neurotics apprehensive lest they be taken for swindlers. The reaction formations are hyper-correctness and hyper-conscientiousness. Their doubt is justified to a certain degree because they are constantly exposed to a pressure of unconscious criminal wishes.

¹⁰ An excellent presentation of a criminal case of this kind is *Dark Legend*, by F. Wertham; Duell, Sloan and Pearce, N. Y., 1941.

Primitive thinking causes many patients to believe in a kind of mystical infection. Everything related to the patient's complex may become taboo. If he harbors criminal ideas, any conscious association with death, blood, murder, red color, red tie, a person who wears a red tie, the chair on which he happens to sit, the room and town in which he lives, is taboo. This "chain formation" is shown very distinctly in compulsions constructed around phobias.

(c) *Death clause and doubt.* It was stated before that the correct execution of compulsions is usually enforced by so-called death clauses. "If you do not follow the imperatives of your obsession this or that person will die." The compulsion then appears to be a justified and socially important act.

(d) *Death clause and masturbation.* The death clause is often derived from the patient's struggle against masturbation. He may have vowed that, unless he ceased masturbating, a member of his family (usually a parent, the representative of the instinct-suppressing authority, but sometimes also a brother or a sister) would die. He may have hoped by means of this vow to refrain from masturbating. Frequently, however, his habit continues, and his feeling of guilt intensifies. Whenever obsessions or compulsions replace masturbation, the death clause becomes a part of their driving force.

(e) *Guilt and self-punishment.* The discomfort and the suffering experienced by the obsessional neurotic are not without an inner pleasure. This pleasure lies in the fact that obsessions and compulsions frequently represent not only self-punishment but also repressed memories. There is a merger of pleasant memories and the self-reproaches brought on by them. The element of unconscious pleasure is responsible for the patient's wish for repetition, and this wish keeps the patient's suffering alive.

Many observers have noticed that the compulsion neurotic

cannot tolerate good health, cannot endure life without symptoms. If compulsions do not bother him for a day he may use an insignificant reason to achieve an acute emotional disturbance. Then emotional pumps fan the excitement until a new outbreak of obsessions and compulsions occurs. This mechanism is comparable to that seen in cases of anxiety neurosis where patients span the intervals between anxiety spells by anticipating anxiety.

(f) *Death clause and somatic pain.* It is not known generally that pain may frequently substitute for an obsession. The patient himself may not be conscious of it. The death clause is usually attached to this pain. The formula is as follows: "As long as I suffer from pain I am saving the other person from dying." Pain which follows death wishes is a reaction of self-punishment and atonement.

7. The Pleasure-Pain Relationship

(a) *Internal (organ) compulsions.* The first compulsions originate in the organs. Satisfaction of physical urges causes pleasure. We may find the first reactions of resistance to organ compulsions in the attempt of a child to suppress the urge to urinate or to defecate, in order to obtain the pleasure on his own terms, as it were, and at his own time. If a cultural compulsion, such as that of being clean and tidy, undertakes to subdue the organ compulsion, it may cause defiance reactions because it encroaches upon some of the child's primitive instincts.

(b) *External compulsions.* The process of bringing up a child, no matter how liberal the parents are, plants problems in the younger's mind and provokes a number of manifestations of defiance. A child is forced to be "good." The contrast between being "good" and being "bad" overshadows the child's

entire emotional development. If he is "bad" he is punished, and the punishment is from his parents or from God who sees all and knows all and whose punishment is inescapable.

Punishment is either an infliction of pain or a withdrawal of pleasure, and the idea of punishment plays a very notable role in the rearing of the individual. Fear of punishment induces a child to renounce some of his instinctual desires, the satisfaction of which may have offered pleasure. Thus at an early age the principle of pleasure is closely associated with the principle of punishment.

Parents, striving to satisfy their educational aims, often serve as dogmatic moderators of the child's pleasure quest. An all-too-common approach to the question of masturbation offers a striking example. By frightening the child into abstinence from masturbation, parents deprive him of pleasure. But they do not replace the ousted pleasure, and thus they often arouse reactions of resentment. The child through the device of nervous symptoms may then force demands upon his parents for the gratifications of his sexual wishes. Behind the meshwork of symptoms in many cases of compulsion disease, we recognize the patient's childhood contention with and resentment against the parental prohibition of masturbation.

(c) *Masturbation complex*. In many cases obsessions directly follow the suppression of masturbation. The masturbation compulsion is replaced by the compulsion of thinking (obsessions) or acting (compulsions).

A child who continues to masturbate despite parental interference may develop a strong feeling of guilt; in the course of time masturbation may become the universal representative of his feeling of guilt; the superego may then enforce the discontinuance of the practice, particularly if prohibited sexual fantasies have found their outlet through masturbation. Finally, the fantasies, deprived of their outlet, may enter the uncon-

scious and find their expression in obsessions and compulsions.

In many cases of touching phobia as well as in many cases of touching compulsion, analysis reveals that through the medium of their symptoms the patients are fighting the urge to masturbate. Touching in these cases represents the touching of genitals. In fantasy, masturbation may also appear as the equivalent of filth; the washing compulsion may then represent the patient's desire to be "clean."

IV. DIAGNOSIS

1. *Differential Diagnostic Considerations.*

(a) *Obsession and compulsion.* According to the definitions formulated on page 2 the name "obsession" refers to an obtruding *idea*, while the name "compulsion" is reserved for *actions* carried out under certain pathological circumstances. Typical of compulsive acts is the fact that they are performed consciously, although this consciousness is slightly altered by accompanying daydreams. For this reason patients often are unable to describe their symptoms or to report details of their ceremonialism. An inner struggle may precede the performance of compulsive acts. After their execution, doubts may appear as to whether the actions have been performed correctly. The doubts usually cause the repetition of the compulsive acts.

(b) *Tics and impulsions.* Tics are automatisms carried out without the control of the consciousness and without any preceding or succeeding emotional struggle. Conscious attention may prevent the tic from appearing.

The unimpaired function of the superego in compulsion diseases prevents the patients from committing antisocial acts, such as kleptomania or pyromania, which sometimes are mentioned incorrectly under the heading of compulsions.

(c) *Phobias and compulsions.* Phobias may constitute the basis for compulsions. A bacteriophobia, e.g., may cause a washing compulsion. This fact is responsible for an occasional confusion of phobias with compulsions. In reality they are opposite reactions. A phobia is a form of *anxiety which hinders the patient from acting*. (An agoraphobia, for instance, may prevent a patient from crossing a street.) A compulsion, however, is *an act which must be carried out in order to counteract anxiety*. (If the patient fails to comply with his compulsion, anxiety becomes liberated.)

(d) *Compulsion diseases and psychoses.* Monosymptomatic obsessions, particularly those concerning the patient's body, must be carefully investigated. Some forms of schizophrenia or manic depressive psychosis begin with delusions resembling obsessions. Often only a prolonged observation enables the physician to evaluate the case diagnostically. The difficulty is even greater in cases where obsessions exist parallel with delusions, or where the dissociation of personality as it exists in cases of compulsion diseases is to be differentiated from that of the schizophrenic. It is thinkable that in schizophrenia the patient's dual personality expresses itself in a simultaneous peaceful existence of the two parts; there is an ego and an "alter-ego" which exist side by side. In compulsion disease we find an ego and a "counter-ego," each denying the other its place and interlocked in an indecisive struggle.

There is also a difference in the patient's attitude toward his environment. In paranoid conditions the patient is convinced that the world is responsible for his suffering. In melancholic conditions the patient feels himself responsible for the suffering of the whole world. In compulsion diseases, however, the patient must sacrifice his own happiness in order to save the world from suffering.

2. Occurrence and Course

Obsessions as well as compulsions represent symptoms which may occur in neuroses and psychoses of any kind and character. They may have an acute onset or they may appear insidiously so that the patient may, at first, be inclined to treat them playfully, convinced that they can be stopped whenever he wishes. In either case they show a tendency to grow through addition of new obsessions and new pathological layers.

Many obsessions and compulsions progress steadily, increasing their involvements and elaborations, until finally their victim is overwhelmed by them, as by an avalanche. During the treatment this condition represents a serious handicap. By developing new compulsions daily, the patient is able to work against his analysis and to keep the analyst racing against a self-perpetuating current.

V. THERAPEUTIC ASPECTS

1. Forms of Resistance

(a) *Intellectualization of analysis.* Treatment of compulsion neurosis resembles a war. At first it is a "war of movement," but very soon the patient entrenches himself behind his pathological imperatives, oaths, clauses, etc., and forces the analyst into a more or less stationary campaign.

The main resistance encountered in the analysis of compulsion diseases comes from the patient's tendency to "intellectualize" his life and all his relationships. If given a chance, he will invariably push the analysis onto a purely dialectic platform.

(b) *Defense of the "secrets."* Since all compulsion neurotics are severe daydreamers, the task for the analyst is to bring to light those daydreams which usually are crystallized around

important secrets. Partly in order to stop the analyst's endeavors at a safe distance, partly because they are ashamed of them, the patients are inclined to keep their systems to themselves, and it often requires patience and perseverance to obtain information concerning the individual compulsive systems.

In addition to that, no other neurotic has such enormous difficulties in free association as has the compulsion neurotic. Associating freely menaces the preservation of his secrets; hence he cannot stop censoring his report. In some cases the relevant secret is fixed by an oath of which the patient's everyday vows are but a weak imitation. To reveal the secret would be to commit an act of perjury, and this fear may be a potent source of the patient's resistance. He behaves as though he were using a code language, the key to which has been lost. He rationalizes his washing compulsion as a hygienic measure, the dusting mania as his desire for orderliness. He does not want to understand his compulsions and does not want other people to understand them. If given the chance he will spend hours and days discussing various ramifications of his disease without permitting the searching physician to penetrate deeper into his mind. What he really wants is to be cured without having to sacrifice his secrets. This, alas, is impossible.

(c) *Concealing the traumas.* It is indeed a startling discovery made in the analysis of compulsion diseases that most patients attempt to conceal the more relevant traumatic experiences. They use various rationalizations. The analyst must reconstruct the patient's traumatic material independently, often almost entirely unaided by the patient, using intuition, the patient's dream material, and other sources.

(d) *Involving the analyst.* Sometimes the patient carries his compulsive behavior into the doctor's office. He leaves only if the doctor says a certain word, or if the doctor does not say a certain word. He may engage the doctor in casual conversation

with the intention of waiting until the physician inadvertently fulfills his expectations.

Sometimes the patient attempts to discredit the treatment, saying: "The treatment was proceeding satisfactorily until you said this or that. Now you have spoiled everything." And the patient withdraws.

2. Spontaneous Recovery

The strangest feature of compulsion diseases is that some patients have been able to abandon their symptoms almost overnight. An impressive discussion of their system, or a strong transference toward the analyst, may induce the patient to renounce, almost at one stroke, through an act of free will, symptoms he has had for years. When this occurs, the psychological situation for the breakdown of the illness may be at hand.

3. Value of Hypnosis

Often a patient will request hypnosis. However, the attempt usually fails, because the patient is afraid that while he is in a state of forced submissiveness he may reveal his carefully guarded secrets.

4. Dream Symbols in Compulsion Disease

Dream analysis is one of the main avenues to the hidden sources of a compulsion neurosis. We find "the secret" of the neurosis expressed in pictures of prohibited chambers, tombstones on which illegible words are written, or we may find the dreamer in front of open graves ("silent as a grave.")

5. The Patient's Family During Treatment

There are two types of compulsion neurotics. Some keep their illness as a secret, others reveal it to their family and often force individual members of the family to play a part in their ceremonialism. This cooperation represents to the patient a welcome opportunity for a sadistic display toward his relatives. In many cases resistance shown by the patient's environment toward his compulsions may only succeed in driving the neurosis from the surface. Therefore it is desirable that the environment should not interfere directly with the patient's compulsions.

6. The Problem of Suicide

Suicide ideas in compulsion disease are quite frequent, while suicide attempts are conspicuously rare. Compulsion neurosis is an illness in which the life instinct is struggling with the death instinct and in which the death instinct usually is overcome. Suicide ideas become temporarily more active when the sexual cravings are frustrated, or when the criminal tendencies grow stronger. But the patient's tendency to counteract all his impulses and to doubt the correctness of all his decisions, weakens the suicide impulse during critical moments and gives rise to renewed obsessions and compulsions.

It is also remarkable how few compulsion neurotics become victims of serious physical illnesses. One would think that compulsion neurosis offers immunity to physical illness. This is all the more impressive as it is known that many compulsion neurotics endure severe hardships in pursuance of their compulsions, that often neither cold nor rain prevents them from carrying out their ordeals, and that many of these patients do not bathe or wash for years. The cleanliness mania of the

compulsion neurotic has very little in common with the sense of cleanliness seen in the normal individual. Many of the compulsion neurotics suffering from washing compulsions are in reality rather dirty and may not wash parts of the body at all. In this way they keep the doubt as to the efficacy of their washing always open.

7. Prognosis.

Tormented by his doubts the patient keeps on asking the analyst if he is "absolutely sure" of curing him. The patient expects an affirmative answer. If the physician uses professional reserve in avoiding absolutely positive answers, or if he refuses to answer, the patient has another excuse for resisting. Very often new compulsions or obsessions follow. After some time he will again approach his physician and demand assurance that the treatment will be completely effective. Some patients are tormented by doubts of whether they are treated by the proper physician, or whether another physician would be better, or charge less. Patients sometimes avoid this dilemma and obtain treatment from two physicians at the same time, playing one against the other and checking on both. Neither of the analysts is aware of this maneuver. It is self-evident that such a patient succeeds in frustrating both analyses, and is finally convinced that analysis is an inefficient method of treatment, for his case at least.

It is very difficult to cure a compulsion disease completely. Usually after the cure has been effected, small remnants of obsessions still persist as fragments of the broken-down obsessional systems. A reduced ceremonial during washing may remind one of a former washing compulsion. In another case, the patient's fear of "betrayal" may decrease considerably, but the patient may still dislike someone to come too close to his

desk. Many of the treated and "cured" patients remain queer and unsociable. They may not be able to establish friendships so easily as other people, and love, with all its implications, may still remain a problem to them. In rare cases the patients may flee from their diverse compulsions into the "compulsion" of marriage. But more frequently their illness destroys their marital relationships, and the patient whose self-confidence has been strengthened through analysis may be more inclined to decide upon a divorce as a solution to a long untenable marital union.

A treatment which lasts a very long time does not seem to benefit the compulsion neurotic. It usually strengthens his resistance and leads to a more open struggle between the patient and the physician. It often requires just as much skill and diplomacy to wean the patient as to hold him during the treatment. For the patient frequently retains fragments of his illness in order to deprive his doctor of the triumph of having cured him.

The prognosis of compulsion disease seems to be better in those cases where the illness has started in the patient's recent years. Many cases where the illness has existed since childhood show the patient in a complete symbiosis with his illness. They represent therapeutic tasks of the first order.

The outcome of the treatment also depends on the character of the pathogenic traumas. Real incest in the patient's history frequently gives a poor prognosis as to a complete cure. External factors, such as separation or the like, must be considered in such cases.

The effect of analysis can often be appreciated some time after the analysis has been completed. Often the patient after he is discharged remains in a rather unsettled emotional state. However, the process which he has lived through during analysis usually contributes toward his final recovery. We see

signs of recovery in the patient's giving up infantile lifelines and accepting reality as the only suitable form of life. Giving up compulsions, clauses, and oaths does not mean the patient is cured; it means that he is giving up symptoms. The patient's *general attitude toward life* must be changed. The suicide idea lurking behind the patient's obsessional system must be brought to light and eliminated. His doubt, which is so closely associated with his depressions, must be liquidated. Then he can be reconciled to life and thus be cured. In this struggle between the desire to live and the desire to die, compulsion disease, as such, represents—strangely enough—the first step toward recovery.

"Compulsion and Doubt" is a translation from the German original, under the title *Zwang und Zweifel*. For practical purposes, some of the case histories quoted by the author have been condensed and some intentionally omitted.

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EMIL A. GUTHEIL, M.D.

COMPULSION AND DOUBT

*

VOLUME ONE

Chapter One

*

INTRODUCTORY REMARKS

I can doubt everything, only I cannot doubt that I doubt. Consequently the only certainty is my doubt, that is my thought. And from this I am able to become certain of everything else.

DESCARTES

THE FIRST COMPULSIONS experienced by the child originate in the inner organs. They are hunger, the urge to defecate and to urinate. They herald themselves as annoying, but as each of these experiences follows its course, the displeasure is replaced by a perception of pleasure. Here one may agree with Schopenhauer's concept of pleasure as the cessation of displeasure. The degree of pleasure appears to parallel that of displeasure. The contrast increases both the pleasure and the pain character of the experience.

Without, at this point, attempting to answer the questions of whether or not all feelings of pleasure are of a sexual nature, or whether or not there exists any organic non-sexual pleasure, we may say that sucking in the infant is a sexual act which simultaneously satisfies hunger and libido. Numerous observations have also proved that, during both defecation and micturi-

tion, children experience sexual pleasure from the stimulations of the mucous membranes and the skin (tickling in the anus and the urethra).

The pleasure of movement, the pleasure of muscle action, the pleasure of lying in a wet bed sheet amid its moist, warm emanations, and the pleasure of the first auto-erotic activities are other pleasurable sensations of the infant. The child soon constructs new sources of pleasure. It experiments and discovers. By retaining the stool, the stimulation of the anus is prolonged and the pleasure of the contrast action is increased. The pain-pleasure situation is rendered more powerful.

When the stool is retained, the compulsion to defecate is opposed by an infantile volitional counter-compulsion. The "You must!" command of the organs is opposed by the spiteful "I won't!" and the child has made its first stand against cleanliness, the very first objective of education. The structure of our culture includes the demand for training and cleanliness. It is a foe of primitive pursuits, and from the child's viewpoint is conceived as hostile and pleasure-inhibiting. The compulsion of training is directed primarily against the compulsion of the vegetative functions.

Thus the child learns early to know the difference between "inner" and "outer" compulsion. Sexual drive and culture become antipodes. The child also learns early to conquer its own compulsion and to derive feelings of pleasure from this conquest. The stool is retained, and, in defiance of the cultural imposition of training, is discharged with exaltation when the urge-pressure becomes irresistible. Retention and discharge of urine can follow the same pattern. Through the compulsion of will the child conquers the compulsion of the organs. The stronger the insistence of the parents that the child defecate daily, the stronger will be the child's determination to retain the stool. It is not rare for children to go as long as seven days without passing a stool.

We have already shown three forms of compulsion :

1. *The compulsion of organs,*
2. *The compulsion of training,*
3. *The compulsion of the ego,* which we are accustomed to conceiving as the struggle of the brain against the spinal cord.

In examining the struggle of training against masturbation, we find relationships that are even more complicated. Many parents do not know the ubiquitous character of masturbation and they fight vigorously, sometimes desperately, against the child's urge toward masturbation, thumbsucking, scratching, stool-retention, his misophilic tendencies and other auto-erotic activities. Pleasure is withdrawn and no substitute is extended. The child expects compensation for this loss in the form of another pleasure. Sometimes he receives tenderness, a psychic value, when he expects sensuousness, a somatic value. If an enema is administered, the mucous membranes of the anus are stimulated, and the former pleasure situation is satisfactorily replaced.

Here are the mainsprings of compulsive diseases. At the beginning of the involved problem of compulsion neurosis is the struggle of the parents against their children's masturbation and all other expressions of sexuality. Threats and punishment are used to fight masturbation. And as a result, a new factor appears in the child's psychic life : compulsion.

We shall name that compulsion which proceeds from the organs the *organ compulsion*; the compulsion of training we shall name the *culture compulsion*; the compulsion emanating from the ego shall be the *ego compulsion*.

These forms of compulsion gradually undergo a transformation. The original struggle of the culture compulsion against the organ compulsion becomes a struggle between ego compulsion and organ compulsion. The ego, pressed by fear, has accepted the demands of culture, but it remembers and seeks

revenge. Culture is not forgiven for inhibiting the free flow of pleasure; and though the ego accepts and makes into its own laws the demands of culture, inwardly it does not obey its laws.

Here we see the outline of the dynamic situation which originates in the psyche of man through the unholy antithesis between drive-ego and culture-ego. Granted favorable environmental conditions man achieves psychic equilibrium. The center of gravity lies either nearer to the drive-ego or to the culture-ego. In the former case the individual is in conflict with society and with his own moral demands, his ego ideal. He must pretend that he has solved the conflict in favor of the ego ideal. The cs-compulsion is strengthened, but it calls forth the other component of the ego compulsion, that is, the psc-compulsion which counters the cs-compulsion. The road towards dissociation is opened. And the disposition, education, hereditary and conditional factors of the individual determine whether a neurosis or a psychosis is established.

If the individual uses shame, fear, and disgust to protect himself, he will show those forms of neurosis which I describe comprehensively in my work on *Anxiety States* and the other volumes of *Disorders of the Instincts and Emotions*. But when the inner defiance insists on the demands of the drive-ego, compulsion is pitted against compulsion, and the result is compulsion neurosis.

The intellect, Logos, intercedes for the culture compulsion. The affect, Pathos, which is, as is well known, only the expression of an instinct, intercedes for the organ compulsion. In the case of the compulsion neurotic Logos and Pathos are bitter adversaries. The compulsion neurotic protests against Logos. He is a revolutionary who inwardly does not recognize the laws of culture.

Law in every form is compulsion. Law represents the protection of society against the individual, a renunciation of indi-

vidual liberty in favor of the group. The individual submits to this compulsion so that he may enjoy the protection of the law.

Through a process of inner assimilation these laws are either made into one's own law, become incorporated as a part of the ego and become convictions, or they are outwardly obeyed for fear of legal consequences but are inwardly rejected, scorned, and violated, if it appears safe, to avoid damaging consequences.

We may say that only a small fraction of laws is observed and can be observed. Law represents ideal conditions towards which society strives, but society sets forth its laws as though these ideal conditions were already in existence. It is from fear of punishment that most people submit to the compulsion of law. This is a decisive point. The principle of punishment is the foundation on which our society stands. The negative compulsion of fear of punishment enables the individual to live a positive life in a community.

Law demands from the citizen that he speak the truth. It can force him to do so when it asks him to take an oath. The oath is taken before the supreme divinity to whom the citizen owes the truth, the whole truth and nothing but the truth; before the divinity who knows the truth, and before whom one can hide nothing. A false oath is perjury. Perjury (*Meineid*) is an oath taken on one's own terms.¹ The compulsion of the state culminates in the oath. A false oath is a crime and entails severe punishment. In the compulsion neurosis oath and punishment for perjury play a leading role. Many compulsion diseases are but a chain of perjuries and consequent punishments which the patients mete out to themselves.

The training of the child usually commences with the threat of punishment. Then comes punishment which consists either

¹ Stekel writes: "Ein Meineid ist eben *mein* Eid und nicht *dein* Eid oder *sein* Eid." Stekel here alludes to the double meaning of the German word for perjury. *Meineid* also means "my oath," an oath taken on one's own terms.—The Translator.

of pain or deprivation of a desired pleasure. (The child is whipped, locked in a room, separated from his toys, denied candy, may not accompany his mother for a walk, or the like.)

Why does the child receive these or similar forms of punishment? Because he has violated the commandments of education, or has acquired pleasure in forbidden ways. He has received the order not to steal, yet he has sneaked into the kitchen and eaten an apple without mother's permission. He has proceeded on the (autistic) principle that all objects belong to him. For this the child is punished.

The prudent mother tries to imbue the child with the knowledge that it is not fair to eat apples which belong to the entire family. She tries to give the child a grasp of community spirit.

Many wilful children are unable to understand why they should not take an apple if they have an inner drive to do so. From fear of punishment they may submit, but secretly they may attempt to circumvent the restriction, careful not to be caught doing so. It is in connection with the pleasure principle that the child learns of punishment.

The first compulsion of childhood remains as a model for all ensuing compulsions. All compulsion diseases are both law and punishment at the same time. An *individual* law and an *individual* punishment. This law, peculiar to the afflicted individual, seems allogical to us, for it does not conform with the law of our current society.

The compulsion neurotic accepts no law apart from his own. He hates the Logos. His actions, which often seem completely allogical, are to be understood only as protests against the rule of the Logos. *He obeys the secret laws of his own psyche.* He maintains a Logos of his own, and only by analysis can we study it. The meaningless then becomes the meaningful; the stupidities are manifestations of profound wisdom; and madness is method.

The compulsion neurotic is asocial, and his disturbance is to be understood as a protest against society. I am not now referring to the "masculine protest," formulated by Adler, which means "I want to be a man," and is an expression of the will-to-power in the struggle of the sexes. I now speak of the individual's protest against the totality; the protest of the self against the alien; the protest of instinct against culture which tries to suppress it.

The compulsion neurotic is proud of his affliction which he alone has created and he alone fully comprehends. To be sure, he pretends that he does not comprehend it.

A compulsion may become a masturbation equivalent. In masked form it may represent a relationship between the self and the forbidden. It may, in brief, be the prohibited. The prohibition of childhood later becomes compulsion and thus commandment.

One will ask, why, if compulsion neurosis develops in accordance with the scheme we have given, do not all people suffer from this illness? The answer lies in two factors: (1) hereditary predisposition, and (2) influence of the environment. The hereditary predisposition lies in an over-strong drive development. The neurotic is a regressive phenomenon in the development of humanity, and his drives show a primitive character. The influence of the milieu exerts itself in various forms. In all cases of compulsion neurosis I was able to ascertain that severe errors in education had been made. Later we shall give numerous examples of these errors.

The thought processes of compulsion neurotics are similar to those of primitive man. The primitive thinks alogically, or, as Levy-Bruhl states in his *Primitive Mentality*, prelogically. Equally apparent is the analogy to mystical thinking. The compulsion neurotic, like the primitive, thinks mystically. He joins the primitive in animism. He does not recognize

the difference between the animate and the inanimate. Everything is animate! And like primitive man, he thinks in the peculiar manner which Levy-Bruhl refers to as collectivistic thought.

The resemblance of compulsion neurotics to each other is one of the most remarkable phenomena of psychology. If compulsion neurotics banded together and formed a state,² it would indeed be a society where primitive mentality prevailed. Even the superstitions of the compulsion neurotics correspond to the beliefs of the ancients.

The thought processes of the compulsion neurotic course through archaic channels; it is a panorama of regression to the childhood of society. His tragedy is that he imagines his thought to be individualistic while, in truth, he has succumbed to the collectivistic thought of his ancestors.

Our modern logic can not interpret his psyche on the conscious level. His actions are alogical and eccentric because the center of his thought is displaced towards the mystical side.

With the primitive he shares the gift of symbolization. His thought is symbolical and corresponds to a secret metaphor in which the symbolic parallelism is often difficult to decipher. He suffers from a compulsion to symbolize and is thus able to create his own sign and symbol language.

Should we conclude from the above description that the compulsion neurotic is identical with primitive man? No. The mind of the compulsion neurotic resembles only partially the mind of the primitive. If we visualize a primitive mentality and a civilized mentality within one psyche battling for domination of the ego, we shall best understand the compulsion neurotic. He is lacking the capacity to adjust himself to culture. Were it not that he feared society's punishments and that a part of his psyche has accepted its demands, he would be a criminal.

² This could never be, for all neurotics are asocial.

As stated above, our whole culture is based upon fear and compulsion. Morals are compulsions, ethics are compulsions, religions are compulsions. Freud quite rightly compared religion with compulsion neurosis, showing the outward resemblance and the inward difference. The Moslem bows toward the east twelve times while he pronounces unvarying formulae. The compulsion neurotic may do the same. Or compare the washing rituals of the compulsion neurotic with those of certain religious sects.³

Since most cultural prohibitions are used by religions as their own, the compulsion neurotic, in order to preserve his individual religion, struggles against the foreign religion with which his environment confronts him. Inwardly he may retain his religion; outwardly, as a rule, he becomes a free-thinker.

Compulsions also surround the normal person. He conforms and, in a way, he cannot live without compulsions. Habit itself is a compulsion. The more easily he gives in to the community compulsions the more powerful will be his immunity to the compulsion neurosis. The normal individual adapts himself to the collective thinking of society. He accepts its Logos and transforms it into his own. He may protest against that Logos, but for social reasons he will obey it. The laws of faith often seem allogical but must be accepted. Hence the principle of the Catholic Church: *Credo, quia absurdum!*

It is this cleavage from which doubt emerges, an affect, which represents a paramount force in compulsion neurosis. The development of doubt is conditioned by the co-existence

³ The members of one tribe of Zulus must place themselves flat upon the earth when they eat the sala fruit (*Strychnos spinosa*). They break the shell in half, place the upper part on the ground, and leaving the sweet kernel in the lower part they suck out the pith and place the pulp in the upper part of the shell. Now the halves are joined and placed under the tree as the word "Mourimi" is uttered, for Mourimi is the god to whom one's gratitude is expressed in this way. If the tree contains several sala fruits, one is left untouched for Mourimi. (*Le Mouvement de Mourimi* by Junod, *Journal de Psychologie*, Vol. XXI, 1924.)

of civilized and primitive thought in an individual. Later we shall see that the compulsion neurotic is the prototype of the doubter. If compulsion did not intervene, doubt would paralyze all decisions, life would be impossible. (Likewise, religion, with the command "You *must* believe!", terminates the doubt.)

The human mind is tormented by three questions: "Can I? May I? Shall I?" The compulsion neurotic eliminates these questions with the categorical imperative, "You *must*!" But doubt remains. A neurotic doubt can not be settled with finality. Urgently, unceasingly it reiterates its demand for the solution of the one burning question which is unanswerable. Thus one compulsion symptom after another develops. Finally a vast system of symptoms evolves, a system which becomes increasingly elaborate as the attacks of doubt continue.

No other illness shows such intense toil of thinking. Around a small nucleus many layers develop; first one law is formed, then it is followed by a procession of countless other laws until a complicated system is constructed, rendering the patient asocial and sapping his entire strength. This is called *generalization* by Janet, but I prefer to use the term *systemization*.

In contrast the infantile attitude of the patient to the (often baffling) propensity of the Logos to rationalize the most senseless actions induces him to adhere tenaciously to his superstitions. These superstitions differ from the superstitions of normal people as they are adapted to the patient's neurotic system. They are individual superstitions so to speak. Elements of common superstitions may be used in them but, on the whole, they are propelled along their own channels. We shall not miss those superstitions, the mystical and the metaphysical, the forming of significant anticipations, oracles, and omens which are present in all cases of genuine compulsion neurosis.

Every compulsion disease is an exaggeration and intensifica-

tion of processes which can be observed in the normal person. This is best illustrated by the phenomenon of superstition.

Superstition, too, is a compulsion from which the superstitious person can not withdraw. If one believes number 13 to be unlucky, one will not sit at a table where the number of people present is thirteen. An irresistible compulsion will keep the superstitious person away from the table. What is the meaning of this compulsion? The superstition is rooted in the fear that misfortune may strike those present. If one asks these people to indicate events which might occur, there is no reply. They do not know. However, they can give many examples to demonstrate its power of bringing about misfortune.⁴

There are many people who will not start a new piece of work on a Friday. And numerous are those who will not permit anyone to wish them luck. Artists, in particular, are subject to this superstition. In Europe before the performance one may express to an actor only the supposedly luck-inducing wish that he break his neck. "Good luck" is considered an invitation to disaster.

This seemingly insignificant detail can help us to a better understanding of superstition. For superstition is based upon deep insight of human nature. It shows that in the mass consciousness there is preserved the awareness of our malicious joy and our egotism which permit us to wish our neighbor the opposite of what we profess. We may wish him "good luck" and mean "ill luck."

Some of the superstitions of hunters are grotesque. An old woman augurs hard luck. A rabbit crossing the hunter's path, or a priest whom the hunters may meet at the outset of the hunt forecast misfortune. A pig, a chimney sweep, a pretty

⁴ In Paris this superstition is so widespread that a special occupation came into existence, the occupation of being "The Fourteenth." The Fourteenth is usually a gentleman of faultless behavior who is paid a fee to attend a party where there are thirteen guests.

maiden, bode good hunting. The relationship of many of these superstitions to sex is clear. An old woman and a priest represent hard luck because they stand beyond sexuality. A young girl is the classical opposite. A pig probably owes its label of luck to the fact that paraphilias are sometimes referred to as "piggish behavior." A chimney sweep indicates associations with the devil who represents uninhibited enjoyment (viz. the devil's pact, black mass, and so on).

Many of these superstitious ideas rest on an association between sign and fate. They are interpreted as oracles and omens. They prophesy the future, foretell good or bad fortune.

The life of the compulsive neurotic is but a series of oracles. A small change of posture or of an everyday routine may mean good or bad luck. If these patients are asked to name the power that determines this course of events they may speak of demons and evil spirits, but most of them can offer no explanation.

The truth is that they believe in their own omnipotence. To these people a wish is capable of killing, or at least inflicting harm. They also attribute this power to the wishes of others. And they come to believe that their own wishes are good while the wishes of others are bad. The formula runs as follows: "I am not envious. I wish no evil." (The latter statement is particularly common.) "The others are evil. They are envious, grudging, jealous. They wish me hard luck." The superstition of the "evil eye" is another expression of the belief in the power of thought and wish.

An abundance of material has been provided by S. Seligman which shows the prevalence of this superstition among ancient peoples and its common occurrence in the civilized nations of today.⁵ Even today there are mothers who wrap a band of red

⁵ S. Seligman: *Der böse Blick und Verwandtes, Ein Beitrag zur Geschichte des Aberglaubens aller Zeiten und Völker*, Verlag Herman Barsdorf, Berlin, 1910.

around their youngsters' arms, or tie a red thread around the infants' wrists, as protection against the evil eye. (The injurious effect of envy.)⁶

The phallus amulet was the chief protection against hostile fascination and, for this reason, was called "fascinum" by the Romans.⁷ In Greece and Russia the protection is provided by the touching of one's own genitals. In Scotland a picture of the vulva stands guard against the evil eye. Seligman notes that in the latter country the gates of many churches have a representation of a woman showing her genitals. The fig, "fica," thumb between two fingers, is a bisexual symbol which both portrays the sexual act and exorcises. There are other amulets, the horn for example, which are hidden phallic symbols.⁸ The showing of the backside is another device used for protection against the evil eye.

In these practices we also note an expression of the principle of homeopathy: *similia similibus curantur*.

As for the old women (beyond sexuality) who are witches we observe that lumbago is still called *Hexenschuss* in German, which means "witches' shot."

I am indebted to a patient from Krain (Yugoslavia) for the following material on current superstitions of her country: "If one visits the animals in the stall on Christmas Eve at midnight, one can hear them talk to each other. On New Year's Eve molten lead is poured into water, and from the figures which are formed one can learn about the future. On Christmas Eve or during the Night of St. John one gazes into water and

⁶ Such concepts regarding the effects of envy can stem only from the individual's endopsychic perception of his own envy.

⁷ The phallus later became the herma.

⁸ Many famous men were believers in the evil eye. Crispi, the celebrated Italian statesman, wore a huge horn of corals which he determinedly directed against every *Jettatore* (man with the evil eye). In parliament he frequently used the horn when members he considered *Jettatores* spoke. During the battle of Solferino, King Victor Emanuel relied on a fig to protect himself.

sees one's future husband. On Easter Sunday one places food in a beautifully painted basket and carries it into the church for blessing. Milkbread, Easter eggs, ham, and wafers are especially good foods for this purpose. The girl who is first to church with the basket will marry during the year.

"On the Night of Saint John the witches ride high up on a mountain to a rendezvous. Certain people are gifted with the ability to see them. During the afternoon preceding this gathering, a wreath of leaves and flowers is made in every home, and towards evening it is hung in the most conspicuous place. Each girl tries to make her wreath the most beautiful, and many girls let their wreaths hang on display for the whole year. On this gala day of superstition a fern is hung below the gable of the house so that harm will not befall the building, its people, and the animals in the stable.

"Woe to him who is disliked by witches! His cows suddenly become dry. Cattle become sick and perish. Infants no longer wish to drink the milk of their mothers. The witch can make it impossible for a woman to sleep with her husband and can drive her into another room—usually to satisfy the wishes of an insulted rival of the woman. If sacks are turned upside down or if clothing is donned inside out, the witches can do no harm.

"Ridicule does not travel far from home. If, for instance, a woman ridicules mental or physical defectives, her own children or her grandchildren will be abnormal. Excessive sexual intercourse causes the offspring to be inadequate, mentally or physically. One should hide nothing from a pregnant woman for her child will be unable to utilize the kind of material that is hidden. If milk is hidden from the mother, for example, the infant will be unable to drink milk. If a pregnant woman desires a particular food or drink, and she touches her body, the infant will have a mark, the color of the desired object, on the corresponding

part of its body. A nursing woman who hands an object to someone will lose her milk. If rain falls when bride and groom enter the church they shall become wealthy. The priest always knows if the bride is a virgin, for he is able to see a wreath on her head if she is pure and a snake on her head if she has lost her innocence.

"Grasp the dead by their big toes and there is no need to fear them. At midnight the dead come, headless, to church and conduct mass. Beware if they find you there alive! They appear at night and are restless. Only a priest in the purest state of grace can calm them.

"Priests quell fire, but they can bring bad days to individuals or populations of entire villages."

By adherence to superstition man endows himself with mystical power. He steals the power of the Deity. In medieval times these people were in league with the devil. Today belief in the devil is still common. God and devil represent the antithesis of the soul. He who rebels against God sells his soul to the devil.

In believing in his own miraculous power, the compulsion neurotic identifies himself with God and devil. As a child he played magician and devil, he played with thoughts of his own omnipotence, and now, in later life, he can not free himself of this belief.

The resemblance of superstition to primitive religion, mentioned before, the archaic thinking of the compulsion neurotic, and the further fact that regression into infantilism is regression into the early days of mankind are explainable when we view the child as a primitive in thought and feeling. Ontogenetic regression leads to phylogenetic regression. Haeckel's biogenetic axiom is valid not only for development but also for regression.

Today's superstition is yesterday's belief. We see people who are educated and of high intellect entangled in silly superstitious

beliefs. Logos and Pathos form the antithesis in superstition. This proves that even the intellect of the educated can yield to the compulsion.

There is no form of compulsion neurosis without its analogy in the mental life of the healthy individual. Perhaps the most simple form is that in which certain words compulsively force themselves to the mind or lips even though the intellect rejects them as senseless. Who has not had the experience of speaking words that just "popped out," or of being haunted for days by a single verse of a poem, or of hearing the sound of an isolated melody day after day?

Analysis can show the nature of the affect concealed behind this stereotypy, and the same can be done with the stereotyped material of compulsion neurotics. Nothing is basically alogical; everything is meaningfully determined in the human mind. We all have our compulsion-like reactions to our environmental stimuli. The entire behavior of man is psychically determined and, in a sense, a betrayal of his mental attitude which permits an analysis of hidden motives. Yet stereotyped movements are not compulsive acts. The automatisms and tics are not compulsive acts even though the resemblance may be close. The difference is really striking.

Compulsive acts are performed consciously. One ego-part defends itself against compulsion which originates in another ego-part. A struggle between the two ego-parts either precedes or follows the compulsive act, the execution of which is followed by doubt that it was done correctly. Because of a death clause associated with compulsion, strong anxiety is liberated when the act is suppressed. *Automatisms and tics on the other hand, occur apart from consciousness.* Their courses are disturbed when they receive conscious attention. They escape the notice of the ego, and are discovered accidentally, usually by another

person. On closer scrutiny they are discovered to be substitutes for impulsive acts.

Janet, in describing compulsive acts as disturbances of normal automatization, fails to understand the fundamental difference between a compulsive act and an automatism.

Automatization is an important part of daily life. It permits us to make a series of complicated movements without having to control them consciously. Training and exercise aim toward automatization of systematized actions. Compulsion, however, is antagonistic to automatization. A compulsion neurotic controls his manner of walking. He interrupts his steps; he counts a number of steps forward, then he makes a few backward, then with his right foot he must step exactly onto the center of a paving stone, or he must walk on the exact edge of the pavement, or he has to jump over a few stones. With these and similar acts his walking is rendered more difficult and the effect of automatization is finally abolished.

There are necessary automatizations which have the character of functions, and there are superfluous automatizations which resemble, and often are, tics. We call them bad habits. Landauer has incorrectly designated automatisms as forerunners of compulsive acts.⁹

For two instructive cases of compulsive acts I am indebted to a communication from Dr. Sandor Feldmann of Budapest:

Case No. 1a. A patient, thirty-four years of age, reports for analysis because of a paralytic impotence. His latent homosexuality has created a peculiar obsession and compulsion. He imagines there is a physician who has an office in an isolated section of the city. The doctor waits in vain for someone to consult him; he sits by his desk impatient and alert for the bell that will announce a patient. In fantasy our patient rings the bell. With an elation he can not

⁹ *Automatismen, Zwangsgenese und Paranoia*, Int. Zeit. f.P.A., Vol. 13, No. 1, 1927.

conceal, the doctor greets him. The patient has made up a complaint to relate. The physician listens and asks him to undress. The examination is carried out; the prescription is written. The physician states his fee; the patient pays and leaves. Once outside the door he visualizes the physician's delight at receiving and pocketing the money. This idea is accompanied by sharp sensations of pleasure. Twice this patient has actually called on doctors so that this situation could be created in reality.

Behind his obsession and compulsion, analysis finds a latent homosexual tendency which strives for expression. The patient has never even considered a visit to a female doctor. He goes to a doctor as to a prostitute. He undresses and unconsciously has homosexual intercourse. He pays the physician as a prostitute and takes leave. The analytic elucidation is immediately accepted and the symptom disappears. The cure of the paralytic impotence is definite.

Case No. 1b. A patient, twenty-seven years of age, complains that as soon as he decides to have sexual intercourse or any other form of enjoyment, he is seized with violent diarrhea which blocks or disturbs the fulfillment of his wish.

At sight of the first female he encounters after he leaves his office in the evening at half-past six, he takes out his watch to note the time. But he can not see the hands and numbers of the dial. Everything glitters and blurs, and he is as a man gone blind. Repeatedly he takes out the watch, perhaps twenty times or more, but always he returns it to his pocket without having learned the time.

The patient shares a bedroom with his aged, sickly, widowed mother. The two are strongly attached to each other. The mother protects the son from women and has often averred that her boy can not marry during her lifetime without causing her death. He gives his entire salary to her and can get money for an occasional visit to a prostitute or to a movie only by petty swindling or borrowing. His mother decides how late he can remain out. If he passes her deadline by even five minutes he finds her tearfully rolling on the floor.

In his frantic peering at the watch we see the clue to his problems. This act is determined by his desire to know if he has sufficient time to have sexual intercourse and to arrive home at the appointed minute. He is now seized with diarrhea. This symptom finds its explanation in the fact that his mother used to check on the bowel movements of this twenty-seven-year-old man. His diarrhea had the following meaning: "It is eight o'clock. I should be home. It is time for me to have the bowel movement which mother insists on supervising." The origin of the thought was forgotten and only the compulsion remained.

By being unable to see the numerals on the dial, he deceives himself into the belief that he still has time to visit a prostitute. But the diarrhea is a warning which speeds him homeward. A somatic symptom compels him to obey his mother.

The above two cases submitted by Dr. Feldmann are samples of compulsions motivated by obsessions. The first one is typical and noteworthy only because of the peculiar fantasy. The compulsion to visit the physician is rationalized through hypochondriacal ideas. Such conditions can be observed also in women who have heterosexual fantasies. It may appear from time to time and express itself in the desire to visit the doctor. Giving money to the physician then serves as a substitute for offering love to him.

In the second case Dr. Feldmann's patient, when he scanned the watch, was under the spell of a death clause. "How long will mother live?" The diarrhea resulted from the fear that she might die. Because of the death clause the patient's obsession approached a genuine compulsive act.

How does a genuine compulsion neurosis look and what distinguishes it from automatisms? The following case history presented by Dr. B. Schlesinger, shows all the characteristics of a genuine compulsion neurosis. *Case No. 1c.*

E.H. had to use the trolley car in order to meet his mistress punctually. As soon as he entered the car he took a place in a rear

corner and remained standing during the half-hour trip. During this time he remained motionless and did not permit himself to make even a small movement of his hands. When he purchased a ticket he folded it, always the same way, and placed it in the same corner of the same coat-pocket with the same motions of his hand. When he left the car he always discarded the ticket after crumpling it in a special way which he always observed. While walking to the place of the appointment he was careful to touch the center of the upper edge of the pavement stones with the toe of his foot. Having arrived at the meeting place, he always stopped on the same spot and attempted anxiously to balance the weight of his body equally on both legs as he hummed a certain melody until he saw his mistress approaching.

When asked to explain his odd behavior he replied that all he wanted was to prevent "hard luck." Omitting any part of the ritual would cause his mistress to be late, to fail to appear altogether, or it would cause any number of mishaps in connection with their affair. When I asked the patient whether it ever occurred to him how meaningless was such deliberate establishing of causal relationships between unrelated experiences, he stated that he was fully aware of the peculiarities of his actions. However, in a critical moment he was driven to act that way so as not to be exposed to intolerable anxiety. His compulsions developed gradually and were now completely dominating his life. I asked him about the initial stage of his condition and he replied that he had always been inclined to pay attention to omens. Whenever he expected something important to happen, but was not quite certain of it, he remembered small incidents that occurred during similar, earlier situations of expectation. If it came about that in his current situation there was a recurrence of these trifling incidents, then he would become optimistic, according to the pleasure or displeasure of the experience the earlier omens had predicted. As for himself, he remained passive throughout the entire oracle game. This is what the patient said about the onset of his ceremony. Even when he undertook his first trips to the rendezvous, he preferred to stand on the platform of the car so as to avoid infectious diseases

carried by the other passengers. But he did not feel a compulsion to stand there. Once he did stand in another part of the car and his girl did not show up. On all succeeding trips he resumed his former place and attempted to behave exactly as he had done on occasions when his date was successful. Now he is compelled to act in this odd manner. Asked whether he had had "good luck" since he was following the demands of his compulsion, he answered, "Yes and no." Apparently the exceptions did not weaken his belief in the influence of his compulsions.

If for some reason a slight alteration in the ceremonialism did occur, he would note whether or not it led to a "success"; if it did, he would incorporate it into the system of his compulsive acts. If it did not, he would avoid it with equal fervor. Gradually all his actions came under the rule of his ceremonialism. He began to consider certain objects as amulets, and even though he sometimes struggled against these ideas, he was always forced to yield, for any omission led to an excruciating distress.

His love affair was successful only in the beginning. The relationship soon was troubled by jealousy scenes which he initiated. Finally he gave up the affair with his heart full of hatred for the girl. All of a sudden, the neurotic ceremonial which had caused him so much anguish and excitement for a year-and-a-half vanished completely. Intermittently there was a recurrence of obsessions which caught him by surprise, as it were, when he "let himself go."

After a while he became interested in another girl and, by coincidence, had to use the trolley car in order to meet her. At first he passed the time on the trip by reading. But after a short while a new neurotic ceremony developed. He had to carry a certain book along in order to have his wishes fulfilled (the amulet). The reading of the book was in itself of secondary importance. If he should leave it home, his trip would be most unpleasant. The compulsion grew more and more elaborate as time went on. The system was changed to meet any new cir-

cumstances that arose, and it was no less complicated than its predecessor from which some elements were taken over. At last, the patient's interest in the girl ceased completely, and with it his symptom complex disappeared. He now felt free, "saved."

The patient remembered having practiced neurotic ceremonials during his early school years, a long time ago, whenever he was to take an unpleasant examination.

Another important detail, mentioned by Schlesinger, is that the patient, though a freethinker, was compelled to say prayers. He was religious in spite of his intellectual superstructure.

The case shows all the symptoms of a genuine compulsion neurosis. We see a rigid ceremonial which the patient is able to observe consciously. The slightest omission in the execution of the ceremony liberates anxiety, fear that misfortune may occur (the death clause). A more intense analysis would have uncovered the details of this death clause.

The patient regards small incidents as omens. (Schlesinger calls them "neurotic oracles.") Also significant is the imperative of the past which is expressed in the patient's repetition compulsion. He must take his *old* place and remember all phases of the *earlier* trips which led him to success. (Regression.) He is dominated by bipolar currents. He may even know that he himself is seeking a reason for breaking with the girl. Therefore he stands on one spot and tries to distribute the weight of his body equally on both legs so as to give security to his position.

Compulsion is different from phobia in that in compulsion anxiety appears whenever an action is omitted, while in phobia anxiety refers to an action. (I am afraid to walk across the street.) The victim of compulsion protects himself from anxiety by observing a ceremony; the victim of phobia protects himself from fear by foregoing an action.

Some writers have incorrectly described phobias as compul-

sive acts. And Sollier places all anxiety neuroses in the category of "doubt diseases" because the patients doubt whether or not they would perform certain acts. Loewenfeld also describes phobias as compulsions. This is incorrect. In this way everything can be described as compulsion. The anxiety which prevents a phobic from crossing a public square may *force him* to stop. But compulsions are the opposites of phobias.

In compulsion acts which appear to the intellect as meaningless, illogical, and ridiculous *must* be performed. Many of society's conventions are equally nonsensical but one must observe them or appear ridiculous in the eyes of the community. This is society's exercise of compulsion on the individual. Convention, morals, ceremonials, all the Knigges' and Emily Posts' codes of etiquette are compulsive restrictions of the individual. One must accept them or be socially ostracized.

Culture imposes compulsions on normal individuals who become its victims. The unconscious asserts itself in protest. Freud showed this when he explained the psychic mechanism involved in slips of the tongue. Words we utter unintentionally are a psychic betrayal of the individual's true thought. Most adults lose their childhood compulsions, however. In compulsion neurotics they either recede temporarily or persist all through their childhood only to be enlarged into a formidable system. One can trace the incipency of compulsion neurosis to the fourth or fifth year of childhood and uncover the particular circumstances which lead to the elaboration of the compulsive system. We also learn why compulsion symptoms appear early. We see that training compulsion is strongest during this period. Likewise the primary drives and basic reactions are the most effective. Educators persistently strive to force the ethical imperatives into the child's psyche. The child feels incapable of being as good as is demanded and therefore feels that he is bad and guilty. The beginning of all evil is guilt.

Compulsion neurosis is a result of a guilty conscience. The dynamics of the guilt feelings explain the dynamics of the compulsion neurosis.

The child feels guilty when it does or thinks something "bad." Concepts of "good" and "bad" dominate his psychic life. He is rewarded for being "good" and censured for being "bad." A higher power, God, who sees and knows everything, is seen as the prime-mover of punishment. If the child tumbles and is hurt, some parents say, "You see, this is the punishment of God because you were so bad!" The child interprets his first death wishes as sins. For the first time he feels that he is bad and anxiously awaits the punishment from God. Waiting thus, he is actually punishing himself for an action that is not "bad."

Maxie, a five-year-old son of a physician, said to his mother: "Mommy, I shall not live long."

"What makes you think so?"

"Because I was bad."

"What did you do?"

Maxie is silent as he battles a compulsion to confess and then, as a way out dawns, he answers: "Yesterday I tore up the picture book."

"That is not so bad. I saw the picture book and only one page is torn."

"Yes—I have also made a mess and did not put away my toys."

"Neither is this a sin. You won't die for it."

In this boy, we see the early stages of a guilt feeling connected with the Oedipus complex. The mother tells of his craving for tenderness. He said to her: "Mother, I love you so much, I would like to have you all to myself!"

"But I do belong to you—entirely."

"Yes—but I would like to have you even more entirely. There must be some way how one can have one, whom one loves, even *more* entirely."

"You have me the whole day for yourself. Susie is in school and Daddy visits his patients."

"Yes, but Daddy lies next to you all night long!"

The little Oedipus yearns to possess his mother. She once overheard a conversation between him and his sister.

"I will only marry Mama," he vowed.

"Then I will marry Daddy," she responded.

The father became ill, had a high fever, and the family lived in dread of his death. As Maxie was puny, his mother took him to the mountains to build him up. He was terribly excited about the prospects of the vacation. His secret wish was to be fulfilled: he would be alone with mother and would have her "more entirely."

On the second day he was deeply disappointed, was concerned about "Daddy," and wanted to go home. The expected miracle had not transpired and affection for father reappeared.

From this story we can understand that in compulsion neurosis thoughts of death are important. The ego compulsion says, "You must do this, or some beloved person will die!" In this way the primary fear of death: "God shall punish me and I shall die!" is transformed into the formula: "God will punish me and the beloved person will die!"

If Maxie had been seventeen years of age and a compulsion neurotic he would have carried out certain rituals such as walking eight steps forward and ten steps backward to prevent the death of his father. Maxie wished his father would die, and this wish was transformed into anxiety which, as in every anxiety, was a death wish. Now we understand why most compulsive acts are awkwardly rendered and why they are followed by doubt. "Did you observe the ritual correctly? Did you take eight steps forward and ten backward, and simultaneously pronounce the formula: 'Dear Lord, keep my father healthy'? Did you pronounce the word 'father' the moment you placed your foot on the floor? Did you pronounce the 'r' in 'father' the moment you lifted your foot from the floor?"

The compulsion neurotic is never sure that he has carried out the rituals correctly, because parallel to an ego-compulsion which wishes to carry them out there exists a second ego-compulsion which does not wish to carry them out, as it desires the death of the person, or persons, referred to in the compulsive act. Freud recognized early that compulsive acts were reproaches against masturbation. The child has an irresistible compulsion to masturbate. A five-year-old girl said to her mother who wanted to break her of the habit: "Mother, it has to—it has to!" She was expressing her perception of the organ compulsion as a paraconscious compulsion originating from an "it." The child begins to hide its masturbation and as the parents warn against the "evils," guilt feelings arise.

Let us assume that Maxie had previously masturbated without an object fantasy. Now a thought process is added to the organ compulsion: the child imagines that it possesses the mother "more entirely." Perhaps, Maxie has heard or seen something that teaches him that father possesses mother "more entirely." This fantasy, which is now wholly incestuous and is combined with death wishes against his father, becomes a new root of feelings of guilt when the child becomes conscious of its forbidden nature. Let us further assume that Maxie has a homosexual yearning for his father. Now the formula is "either father or mother." And the death wishes are aimed first at one and then at the other.

Sometimes in their fight against the child's masturbatory activity the parents think they have been successful. But masturbation goes on, either secretly, or in the form of substitutive phenomena, such as eczemas, scratching, stool-retention, thumb-sucking, or compulsive acts.

Masturbation becomes the symbol of guilt. As all forbidden fantasies lead to it, masturbation is finally forbidden by the

ego. But the fantasies are then expressed in various obsessions and compulsions.

Compulsive acts are in a certain sense similar to impulse acts. The difference, however, is that the compulsive act is a substitute for the impulse.

A young man suffers from the impulse to rape his mother. He represses this wish. However, this wish emerges as a compulsive act. If she lies in bed, he stands before the bed and makes circular movements with his middle finger. Then with powerful jolts he pushes his middle finger through the imaginary air circles.

These patients are characterized by the capacity for symbolization of the environment and by daydreams. The borderline between reality and illusion completely disappears. A patient of mine had in her childhood created several imaginary "sisters." She knew three of them well and had long conversations with them. When she was seven years of age her mother found her in tears, sitting on the floor. The child wept continuously and did not wish to tell the cause for her sorrow. Finally she blurted, "Air sister Martha has died."

In order to understand the ideational world of these patients one must know their readiness to dream. A patient dreamed himself into a love affair after meeting a girl casually. He carried on a lively correspondence, that is, he wrote letters to her which he mailed to an invented address and then he wrote the answers to himself. He awaited these answers with palpitations of the heart and great tension. What will she write? He, of course, knew quite well what he had written to himself as an answer. He finally brought the matter to a conclusion. He wrote his illusory beloved a marriage proposal. Naturally he composed a very cool rejection of his proposal. Again he awaited the letter in great suspense and when the refusal came

he bought a revolver and wanted to shoot himself because of his unhappy love affair.

One will also understand that these people entangle themselves in the most unbelievable and ambitious fantasies. Criminal plans are devised, but none are carried out. These people wish to become great musicians even though they have not studied music. They dream of literary successes even when they have not written one line.

Their delusions of greatness increase until they believe in the omnipotence of thought, generally in matters of evil, and identification with the devil is clear. Their will-to-power is unlimited. Since they can not dominate their environment, their will-to-power is directed against their own ego. They force themselves to almost unbelievable acts and thoughts which lead to a grotesque struggle between the id and the ego. The id commands; the ego does not wish to obey, rebels, and is forced to yield. In all these cases there is a third force (the total ego) which is a delighted and interested audience at this struggle. (Nestroy wrote: "Now I want to see who is the stronger, 'I' or 'I'.") Since the consciousness of guilt determines the compulsive acts, they become the expression of guilt and punishment, and in this way they are a psychic betrayal—a confession. Reik is justified in speaking of a compulsion to confess. To one who has insight, the compulsive act is a confession. The young man confesses to his mother what he really wants when he carries out these mysterious movements before her.

Beside the need to be frank stands a bipolar force, the fear of truth. The acting of the compulsion neurotic finally leads to the point where the ego does not know what the id wishes to accomplish with its compulsive acts and commands. The ego suffers from but does not recognize the situation. The will to refrain from seeing is so intense that it expresses itself in

into accompanying tones (*Begleitstimmen*). Annulment forms a counterpoint which maintains itself next to the main tone, temporarily rises higher and temporarily is drowned out.

With the help of annulment the compulsion neurotic can make light of every fact. Annulment of reality enables one to displace his affects on to another individual. Later we shall discuss a few cases where the patients accept another person's life as the determining influence on their own lives. An entire life can then consist of identifications and differentiations. Such symbiosis and antibiosis leads to the most peculiar complications and usually originates through the projection of an ego-part upon another individual. Such people disregard time. They either stand under the compulsion of time ("How did I use my time?") or they live in a timeless world.

The time compulsion and the death compulsion withstand the revolts of their victim. He does not wish to accept time. Time is standing still. Or again, there are moments when he experiences the terrible passing of time. All these patients agree that usually they do not feel the passing of time. The day is horribly rich with details of compulsive ideas and acts, with doubts and fantasies, so that it is here and gone, fast as the wave of a wand, although many of these patients do not work at all. Equally frequent are fictitious ideas of immortality and holiness. These people still have faith in miracles. They readily admit that they are able to kill with the power of their thought, but they cannot conceal their belief in their own immortality. It is not unusual for them to become spiritualists.

The fear of death forces them to carry out peculiar compulsive acts before enjoying sleep, which is considered the twin of death. Sleep is postponed as if it were death itself. Fantasies leading back to intrauterine life, or going back hundreds or thousands of years, are often disclosed. Protest against time and death expresses itself, among other ways, in a lack of

punctuality. In analysis, this consistent lateness appears as resistance.

The insistence on immortality leads to ideas of sainthood, to asceticism, and to belief that reward is in the "beyond." All the tortures of his illness are undergone to attain reward in the next world and to escape the punishment of hell. Piety is denied, but "neurotic religion" forces the patients to pray, to perform numerous ceremonies which apparently have no religious character, but whose religious content can be analytically demonstrated.

The ascetic tendency is found in all religions; culture compulsion opposes the instinct compulsion and tries to suppress it.¹⁰

This overestimation of his personality, the hidden belief in his "historical mission" inspires the narcissistically-inclined compulsion neurotic to consider himself the center of the world. He is proud of his compulsion because this compulsion originates in himself. It is his very own invention. He displays the egocentric thinking which Bleuler called "autistic thought." His behavior, his emotions, his sexuality, are all autistic. Thus he defends himself against the hostile environment. He erects walls around his own personality, lives in his own world, builds his own religion, annuls reality and society. He plays compulsion against compulsion and imagines himself the victorious captain while, in truth, he is miserably shipwrecked on the cliffs of reality.

¹⁰ In the *Thousand and One Nights*, the ascetic appears as a saint who is venerated by the masses because he defeats the sex and food drives. The Orientals, just as the western people, consider the counter-compulsion, the overcoming of the instincts, as a sign of piety and closeness to the deity.

Chapter Two



COMPULSIVE STATES: THEIR PSYCHIC ROOTS AND THEIR THERAPY

*The genius shows the way,
Talent follows it.*

EBNER-ESCHENBACH

Case No. 2. Not long ago, a depressed man of simple dress and bearing visited my office. He exclaimed: "Doctor, save me! I am going to commit suicide if I cannot overcome my illness."

"What is the matter with you?" I asked.

His reply came quickly and briefly. "I am unable to urinate."

I suspected an organic condition, perhaps a stricture, a bladder disorder or a disturbance in the spinal cord. The examination, however, indicated that the man was organically sound. The urine and all its processes were normal.

"Doctor," the man pleaded with increased intensity, "I know my urination is normal, but I am dominated by the *idea* that I am unable to urinate. I go to sleep with this idea in my mind and I wake up with it. I really know that it is nonsense, and that in reality I am able to urinate, but even if I tell this to myself a thousand times I cannot get rid of the thought." (In delusions, the insight of this man with the obsession is absent.)

A REVIEW OF THE extensive literature on compulsive processes convinces us that their psychic mechanisms are unknown to most doctors. Indeed, not so long ago, German and French psychiatrists still wondered if compulsive processes were charged with affect. The German school's most important men held to Westphal's definition: "Obsessions are ideas which appear in the foreground of consciousness against the will of the individual though intelligence, emotions and affect of the individual are not disturbed. They cannot be eliminated. They impede the course of normal ideas. They are recognized by the individual as abnormal and alien and as antagonistic to his healthy 'consciousness.' " ¹

Bumke, ² who makes a comprehensive summary of the various opinions extant, declares, "Compulsive ideas are ideas emerging into consciousness under the subjective feeling of compulsion without being justified by change in mood or increase of affect on the part of the patient. They cannot be eliminated by will power, they impede the course of normal ideas and are recognized by the patient as incorrect in content, powerful without reason, and of abnormal origin."

Thomsen ³ also agrees with the definition of Westphal but emphasizes that hysterical features always can be demonstrated in compulsion neurotics. This author, as well as Bumke, is silent with regard to the psychic mechanism of obsessions. Skliar also fails to tell us anything new about the psychic mechanism involved in compulsive states. ⁴ All these authors are deceived by the surface appearance of the illness and they emphasize that the affective life of the individual is not dis-

¹ *Über Zwangsvorstellungen*, Berl. Klin. Woch. 1877, Nos. 46 and 47.

² *Was sind Zwangszustände?* Halle a. S., 1906, Karl Marhold.

³ *Zur Klinik und Ätiologie der Zwangerscheinungen, Über Zwangshalluzinationen und Über die Beziehungen der Zwangsvorstellungen zur Hysterie*, Archiv für Psych. u. Neur., 1908, Vol. 49, No. 1.

⁴ *Zur Psychopathologie und klinischen Stellung der Zwangszustände*, Allg. Zeitschr. f. Psych., 1909, Vol. 66, No. 2.

turbed. Our study of numerous cases will prove that this view cannot be tolerated. It has become clear that a repressed affect is the cause of compulsive states. It is the merit of the German school that it has in its ranks men who have taken a position opposing that of Westphal and his followers.

Loewenfeld, to whom we owe the best clinical work on compulsive states,⁵ knows that the error in Westphal's definition lies in his emphasis on the absence of an affective basis. Westphal's error has also been pointed out by Jastrowitz, Friedman, Warda⁶ and others.

Janet, whose research in compulsions had a good start and who inexplicably failed to realize their meaning, sharply differentiates "psychasthenic" from "hysterical" compulsive states, but has no clear idea about the deeper mechanism of compulsive states.

A surprising explanation of the psychic mechanisms involved in obsessions was given to us by the epoch-making work of Freud.⁷

While earlier authors saw signs only of degeneration or of psychopathic inferiority in compulsive states, Freud succeeded in clarifying the ideogenic roots. Since his first publications, many years rich in research have passed. On the one hand, we psychotherapists have collected new empirical data, on the other, we have learned to understand our old theoretical questions better. But the fundamentals of Freud's teachings have remained unaltered. Every new experience proves to us their

⁵ *Die psychischen Zwangsvorgänge*, Wiesbaden, 1904, J. F. Bergmann.

⁶ Warda says, "The compulsion neurosis is characterized by the appearance of obsessions, that is, by disturbing thoughts in the content of which one can find features of self-torment and of self-control. In this way they give a hint of the presence of a repressed consciousness of guilt. These ideas impress the patient the more as compulsive, alien and inexplicable for his logical thinking, the less a painful affect accompanies them. However, patients can lose the critical evaluation of their condition temporarily." *Zur Psychologie und Therapie der Zwangsneurose*, Mon. f. Psych. u. Neur.

⁷ Warda's paper was based on Freud's work.

validity. I will resist the temptation to discuss the development of our theory. I shall rather acquaint the reader with established facts which speak more clearly than definitions. Many examples of compulsive states shall pass before us and we may judge for ourselves whether we have succeeded in throwing new light upon this puzzling and, until now, incurable disorder.

We return to our patient who came to us with the urinary complaint. He had already taken various treatments; he had been galvanized, received opiates and bromides in a clinic, and was now, as he immediately emphasized, on the brink of suicide. He was continuously occupied with the thought that he was unable to urinate. He was unable to work and to devote himself to his family. "Yes," he said. "I am unable to look at my little boy, whom I worship." It is worthwhile to consider each word the patient speaks. The sudden aversion to his own child undoubtedly had a psychic root. We learn that his disorder appeared four months ago, improved for a short time, but had now become worse, had made life unbearable. This is all that we could learn in the first hour from the distrustful patient.

The next day I questioned him thoroughly about his family life. He stated that he was happily married, and very satisfied with his wife; "It is an ideal marriage." He made a nice living, had no worries and no excitement. Thus I let him come to me daily for a week to tell me about his illness. He always emphasized that he had nothing more to say, that he already had told me everything. However, after a week, the picture of an "ideal" marriage changed. He tells me that he did not marry his wife out of love. One day his brother came to him and said: "I know a beautiful girl who has money. Why don't you marry her?" Now he realizes that she is not the right woman for him. She is stingy, always dissatisfied, slovenly, and makes great demands upon him. This is how the happy marriage of which he had spoken in the first hour, looked in reality.

After another week of the patient's increasing confidence in me I learned the secret of his compulsive states. Once his firm sent

him to a lady with the word that she must pay a small debt or suffer legal action. This lady, who was apparently not too sparing with her favors, offered to give herself to him if his firm would wait another week. He succumbed to the temptation. On the very next day the thought appeared: "I am unable to urinate." At first this thought was motivated by the fear that he had been infected. He consulted several venereal specialists; each reassured him, and he was satisfied. But the compulsive thought about the urine became stronger, and the poor man in his desperation confessed to his wife the whole truth. His condition improved temporarily.

He was religious, a faithful Catholic, who considered his adultery a mortal sin. Even confession did not bring him relief. Since his adultery, however, he had lost all love for his wife and had no sexual relations with her. Here we see that the compulsive idea ("I am unable to urinate") is a substitute idea. It means, "I am unable to have coitus." In the same way as the child considers miction a substitute for emission and, generally, a sexual act, the neurotic man assumes an infantile attitude. His wife appears unappealing and does not do justice to his sexual wishes. Since he possessed another woman, the rejection of his wife wishes to become conscious. This idea which tortures him and the hatred he feels toward his wife who has made him so unhappy are repressed into his unconscious. The powerful affect, however, is split from the idea and transferred to a substitute idea. If he tells us, "I am unable to urinate," then we can, in accordance with psychoanalytic elucidation, translate his statement in this manner: "I cannot continue to live with my wife. I prefer death."

We clearly see in this example the entire mechanism involved in the formation of obsessions. The original idea, "I am unable to have intercourse with my wife," is repressed, and in its place a substitute idea appears: "I am unable to urinate." Such substitute ideas are compromises between conscious and

unconscious. They betray as much as they are supposed to conceal. The repressed affects are tied to these substitute ideas. In all neuroses—and this is the most important result of my research—we are dealing with a disturbance of the affective life. Hereditary pre-disposition, inferiority, degeneration, have only secondary importance. As Otto Gross remarked, they influence the activity, but not the content, of consciousness.⁸

Freud illuminated repression. Skliar's critique sounds almost comical: "All in all we have to say that Freud, despite his clever and sagacious statements, did not bring us nearer to an understanding of compulsive states with his hypotheses.⁹ Marcinowski is justified in stating: 'Freud's teachings do not consist of theories alone. There are also facts. One well-observed case voids all earlier theories.'"¹⁰

Let us return to facts. Let us take another obsession which is quite simple and clear. A woman complains that she is persecuted by the face of a woman she saw in a trolley. Wherever she is or whatever she is doing, the face troubles her: before she goes to sleep, when she awakens, while she reads, speaks, eats . . .

This phenomenon appeared unmotivated to the patient, and she offered no explanation. The obtruding face had a horrible neutrality, it was neither beautiful nor ugly. The behavior of the woman to whom it belonged was boisterous. She looked decidedly "Jewish." The above description given by the patient was inadequate. Prompted by further questioning, she added that the face was "extremely unsympathetic." Why? She did not know.

Sympathy and antipathy are really only the affective emphases

⁸ *Über psychopathische Minderwertigkeiten*, Wien und Leipzig, 1909, Wilh. Braumeuller.

⁹ *Zur Kritik der Lehre Freuds über die Zwangszustände*, Zentralbl. f. Nerven. und Psych., 1909, Vol. 20.

¹⁰ *Zur Frage der infantilen Sexualität*, Berl. klin. Woch., 1909, No. 20.

of our own relationship to the environment. Sympathetic people gain our affection, unsympathetic people are rejected. One to whom we are indifferent has not invoked any of our affects.

This case can be solved without more intensive psychoanalysis. Let us ask ourselves which face interests us the most. Of course, it is our own. One stares at it again and again in the mirror as if it could betray to us our hidden secrets. The face in the trolley car had a striking likeness to our patient. And the behavior of the *vis-à-vis* was like her own. Let us consider how painful this sensation is, to observe a human being who caricatures our behavior. And to see a likeness of oneself is to see a caricature, for we never wish to admit to ourselves that we are as we see ourselves objectively.

To our patient it was, as a matter of fact, only the facial similarity which had appeared remarkable to her. The face was "decidedly Jewish." Her own "Jewish look" was her secret sorrow. She was engaged to a Gentile. Was not her behavior unpleasant to him? Would he not abandon her at the last moment? She stood before an important decision of her life. She wanted to be the opposite of the image with which she was confronted. These unpleasant thought-fragments emerged and depressed her. Now the unconscious came to her rescue. She did not think out the bad thoughts. She submerged, repressed them in the bottomless ocean of her unconscious.

The compulsive idea of a strange face appeared as a substitute for the repressed thought about the inadequacies of her own ego. This really betrayed everything and yet said nothing. The affect was split from the tormenting ideas and transferred to the strange face. *Every obsession originates through the repression of a painful idea and through the transference of the liberated affect to another, ostensibly less painful idea.*

One need only translate the seemingly mystical language of the obsession into the language of everyday life; then in every

compulsive process the truth of the above statement can be demonstrated. This is valid for all compulsive processes, acts and ideas. The obsession has been used as the basis of our discussion because it reveals the secret psychic picture with simple clearness.

All painful *affects* of our patient, her doubt, hatred, contempt, fear were split from her conscious ideas of inferiority and were connected with the harmless but unsympathetic face.

Analysis was successful. The woman later said to me, "How peculiar! Since I last spoke to you the face has not appeared."

Let us look at one of the family dramas which is hidden from the world and from the consciousness of the individual in which it is staged. A vigorous woman, thirty years of age, of healthy parentage is plagued by peculiar compulsive thoughts. Every ten minutes she is compelled to say this prayer: "God, keep my husband and my children healthy." She acquires a fear of knives and of pointed objects; all these murderous weapons must be removed from easily accessible places and locked up. She does not permit the servant to stand near the window with her children as she fears the maid may push a child out of the window in a sudden fit of insanity. She is unable to sleep and develops a disgust for meat. Later all food becomes repulsive. She begins to weep. She suffers from depressions which are so horrible that she does not dare to remain alone. Her husband must sit with her and hold her hands. She fears that she will harm herself. She begins to doubt the reality of the world around her. "Is today really Sunday?" she asks herself. "Is this really a human being?"

And the cause for all this? It is simple enough, and yet it is very difficult to learn it from her lips. Her husband had a fight with her family and insulted her beloved father by calling him a shabby upstart. Since then her relatives have no longer asso-

ciated with her. Her place is "of course" on the side of her beloved husband. She defends him in front of the family, but inwardly she says to herself, "He should not have acted this way if he loved me." Among her relatives there is a single, unmarried cousin who continues to associate with her. He suddenly becomes the object of her affection. Unconsciously she hates her husband and begins to love the other man. To marry this man she must be free of husband and children. The wish to be unmarried is transformed into anxiety that her husband and children might die. The anxious prayer, "Dear God, preserve my husband and children!" has a deeper justification.

All obsessions, all compulsive anxiety, all compulsive impulses are psychically motivated. They are meaningful. I repeat in agreement with Freud that the patient is always right. The woman of our case was a criminal without the courage to commit the crime. She had reason to tremble for the life of her children and husband, because she secretly wished for their death.¹¹

How simple it often is to find the meaning of an obsession! I shall put a case before you which, with your knowledge of the above illustrations, will be easily interpreted by you. I did not analyze this patient myself, but the case history speaks clearly enough for itself, even though the attending physician was unable to see the connections. The patient was treated by Dr. Boulanger, and he gives the history in *Journal de Neurologie*, 1908, No. 2, under the title, *Obsessions et Phobias*.

Case No. 3. P.L., twenty-five years of age, is told by her mother that she must marry, so she weds a man she does not love. The marriage is an unhappy one. The husband is a nervous man who

¹¹ It is interesting to note further that the neurosis manifested itself after a severe organic illness of her husband. The wife was a self-sacrificing nurse during his sickness. It is also noteworthy that the couple had for years engaged in *coitus interruptus* with all the frustrations it meant to her.

does not want to work. The bride was nervous as a girl. Since first communion she has suffered from the feeling that she will have to fall down while crossing a square.

During the end of October the child of her tenant becomes very sick suddenly. The patient is awakened in the night. The child soon dies. Its death does not leave a particular impression upon her. She finds everything "droll." To her own surprise, she is unable to weep during the funeral.

She also becomes insensitive in a different area. Her libido during intercourse disappears completely so that she avoids marital relations as much as possible.¹²

Suddenly obsessions appear. She must think of death continuously. She is dominated by the thought, "I shall die." (We shall soon see that these death ideas are "displaced.") She begins to doubt the reality of things. She asks herself, "Is this I? Is this my mother?" She further has a horrible dream in which *her husband is the murderer of another man.*

To cure these conditions she is sent to a nose specialist, who undertakes a trepanation of the frontal sinus. Dr. Boulanger remarks that no alleviation of her condition results.

She begins to suffer from a compulsion to ask questions. "What is a stomach? What is red? These are only words! These things do not exist!"

After five months a horrible obsession suddenly breaks into her consciousness: she might kill her own child. This idea, temporarily mitigated by hydropathic packings, becomes all-dominating. She acquires a fear of knives and all pointed instruments and asks her relatives to lock them up. While embracing her beloved child she has a ghastly vision: she believes she sees the inside of its body.

Now daydreams emerge in which she speaks with the "tenant." An old man with a white beard appears. He looks like God. She defends herself against morbid impulses to beat and to hurt other people. After a pilgrimage to Lourdes there is slight relief. So much for the case history.

¹² This is a sure sign that her affection for her husband has completely died.

We ask ourselves how well the attending physician has understood the psychic mechanism of this compulsion neurosis. The answer is that he did not understand it at all. Janet does not do any better. His analysis of a similar example is a feat of miscomprehension.¹³

It is plain that the girl, after marrying a man to whom she was indifferent, was struggling with the temptation to commit adultery. All details point to the fact that she had developed a deep affection for the tenant who was married. Her longing seems to be directed toward him. The obstacles include the tenant's wife, his child, and her own husband and child. Now the compulsion neurotic's cruel game of unconsciously playing with death wishes for all who stand in the way begins. As punishment the death wishes are pushed back upon the patient's own ego. Therefore the compulsive idea occurs to the patient, "I shall die."

The child of the tenant accidentally becomes sick and dies. The patient is surprised that she does not experience feelings of sorrow. She finds everything "droll." She does not weep at the funeral. Of course not; one of the obstacles is out of the way. A secret wish has been fulfilled. Her baseness and her love for the tenant appear in her consciousness as all sorts of sinister impulses and she begins to doubt in herself and in her love for her child. She asks: "Is this I? Is this a mother?" She repeats to herself that she should be happy because she has a child. But her love for the tenant conflicts with her motherly love and is the more powerful psychic force. In the dream it is probably the tenant who is killed by her husband—as though the patient wanted to predict what would happen if she got involved with the tenant.¹⁴ Suddenly the murderous impulse

¹³ *La perte des sentiments de valeur dans la depression mentale*, J. de psych., 1908, No. 6.

¹⁴ Of course, her dream is "elaborated" and also permits other interpre-

against her child breaks through and manifests itself as the fear of killing her child. Simultaneously, the doubt in the reality of things sets in: "Is this a mother who thinks this way?" She doubts herself, she doubts everything. Her anxiety about the possibility that she might kill her own child is only the suppressed wish to do away with the burdensome child. Because of this the knives must be hidden. She sees the insides of the child while embracing it. It is as though the inside of the body had been exposed by a knife slash. For the same reason she speaks with God and her father (the man with the white beard) and she makes a pilgrimage from which she returns feeling better.

Let us investigate the driving power of this neurosis. The basis of the entire disorder is a powerful affect, the affect of love for the tenant. The cause for all the compulsive phenomena is the repression of the painful thought, "I love my tenant; we could live together if my child were not here, since his child has already died."

One should think that these connections are so simple, so clear, that every physician, particularly a psychiatrist or psychologist, should be able to comprehend them. He would have to take the pains of seeing the patient for longer periods of time, and to let him talk; he need not ask questions. The patient would reveal the secrets once he established confidence in the physician. But just as the woman described in the first case sought help in vain from a neurologist (who had the mistaken notion that compulsive acts are characterized by the lack of affects), Dr. Boulanger is unable to tell us anything about the psychic basis of the disorder in the case so fully described by him.

A common compulsive act is the compulsion to wash, an

tations. It could also mean that the tenant murders the husband. Without analysis, however, such interpretations are very doubtful.

explanation of which Freud published a long time ago.¹⁵ The compulsion to wash is a symbolic act which depicts the process of cleansing. The patient feels that he is dirty and desires to clean himself. But not all compulsions are as clear and transparent as the compulsion to wash. As proof of this I offer the following case.¹⁶

A stuttering boy, whom I treated during the past year, told me that by pressing his right index finger on the back of his nose he was able to speak fluently and clearly.

This boy masturbated frequently. He had the secret fear that he might be caught or that people might learn of his masturbation by looking at him. His father ordered him to keep his hands on top of his blanket while he was in bed.

What did this boy express by his symbolic act? By placing his hand on his nose he declared to the world: "See here, I do not masturbate. I do not have my hand in my pocket. My hand is on my nose." Symbolically his nose represented his penis. Thus his compulsion undid what repression was trying to accomplish, namely, the elimination of the masturbatory impulse. Through his compulsion he revealed to the expert all that he wanted to conceal.

The same boy suffered for a time from a compulsion to lie. One day he told me a long story which I immediately noticed was entirely made up. I asked him why he lied to me. He defended himself by saying that it was not his fault. "It suddenly came over me and then I had to lie."

His teacher took sick and there were no classes. When the boy came home he told his father that there had been no classes because the damaged roof of the school was being repaired. He could not give a reason for his lie. I asked him whether he was

¹⁵ "Obsessive Acts and Religious Practices," *Collected Papers*, Vol. II, The Hogarth Press, London.

¹⁶ In my book "Nervöse Angstzustände" I have pointed to the psychic roots of stuttering.

glad that there were no classes. He answered: "Yes, I am very glad."

"Then you were really glad that the teacher became ill, instead of feeling pity for him as a nice student should?"

He admitted this was the case and added that he had often wished the teacher should become sick and that it was unpleasant for him to reveal this ignoble sentiment to his father. He had also wished—as analysis brought to light—that his father might become sick. But this was only one motive for his lie. The other was that he wanted to "test" father. He wanted to find out whether his father was omniscient, particularly whether his father knew that he masturbated and that he harbored "evil wishes."

Before coming to me this boy had an unpleasant experience. A specialist who had attempted to correct the boy's stuttering had read in my book that stuttering was connected with masturbation and repressed sexual wishes. After the boy had been referred to him for treatment and he was alone with him, he tested the boy's reflexes, looked at him quizzically, and then told him right to his face: "You are masturbating."

This, of course, was the worst thing the doctor could have said. The boy's fear that the whole world knew of his masturbation originated from this incident. The specialist reinforced his fear that everyone is able to recognize his secret "vice" at the first glance. The boy then demonstrated to all the world through the compulsive act of placing his finger upon his nose that he did not masturbate. He himself gave me this information.

Why had he lied to me? Using the same technique by which he wished to destroy the omniscience of his father through his lies, he lied to me in order to "test" me and to convince himself whether I really knew everything. This he probably did

because I had told him so many things about himself, things which no one before me had even suspected. The lying occurred out of unconscious, "repressed" motives and was therefore of a compulsive character.

Case No. 4. Obsessions sometimes lead to compulsions in a peculiar way. A merchant complains about an obsession. All through the day and night he thinks: "I have to sell my old business and buy a new one in the center of the city." His old business is going very well. It comfortably supports him and his family. Nevertheless, he is unhappy and dissatisfied. He mentions a number of reasons why he should sell his old business, which, however, do not hold up under sober consideration. Finally he succumbs to his impulse and opens a new shop. He is increasingly unhappy and reproaches himself bitterly: "I should not have sold the old business. The new business in the center of the city isn't worth anything." These obsessions were, like those I mentioned before, substitute ideas. The background of his actions was formed by a love affair of which he was not fully conscious. He had met a sales girl in the center of the city. She was young and attractive. His own wife was ageing and plain looking. "Business" is a well known symbol for the vagina. But even without this neurotic symbolism we were able to translate his obsession in the following manner: "I would like to rid myself of my old and homely wife (the old business) and would like to take the pretty young girl who works in the center of the city (the new business)." Naturally, the sale of his old business could not bring him peace, for he had not achieved anything real. He had merely committed a serious sin symbolically. He had left his wife symbolically and, in the same way, taken the young girl. As a result of this remorse set in, and the voice of conscience spoke: "You should not have done this!" Such symbolic acts then lead to typical doubt. Since the symbol is substituting for reality, the doubt in reality is fully justified.

We see how important the sexual factor is in all these cases. It is, therefore, incomprehensible how Warda (l. c.) can reach

the peculiar conclusion that in the therapeutic procedure the discussion of the sexual etiology can be avoided. A psychotherapy which circumvents significant details is certainly not a psychotherapy in the sense of psychoanalysis and not in the spirit of Freud. The former procedure is, however, more convenient and pleasant for the physician and the patient. It approaches the method propagated by Dubois.

From what I said it must not be deduced that I advocate looking for the sexual element by force. It forces itself upon us, it is always there, very often in cases where one would least suspect it. Old men suddenly fall victim to a compulsion neurosis or an anxiety hysteria; one would like to assume that they have already, for a long time, been beyond erotic desire and love. But psychoanalysis may show that a new conflict between instinct and morals has precipitated the disorder.

Case No. 5. A man, seventy-two years of age, develops a compulsion neurosis whose source lies in fear of unjust accusations. He makes involved efforts to avoid anything that has to do with courts and trials. Nevertheless, he continuously broods and is unable to sleep. He always finds new occasions for brooding. He thinks that he has insulted Mr. X and that Mr. X will sue him for defamation of character. When he is walking on the street and a girl happens to pass him he crosses to the other side. He thinks that she might maintain that he brushed against her with lascivious intentions. The famed Eulenburg trial, dealing with homosexual practices, brought him to desperation. How could he defend himself if he were accused of homosexual actions? He had often been alone in a room with men.

In brief he never lacked material to brood about. He visits a lady of his acquaintance; in the hall he is alone with her maid for a moment; he immediately flees. He thinks the servant might accuse him of having made immoral advances to her. More and more the sexual factor emerges in his narration, until we recognize that he, without knowing it, is in love with his own daughter-in-

law, and that these ideas and acts are substitute ideas which deflect his attention from the object that has completely taken possession of his mind.

In an almost identical case the disorder expressed itself in such a way that a man seventy-four years of age, lived in the obsessive fear of getting involved with the Department of Revenue regarding his income tax declaration. It was, however, a quite different "declaration" which he feared. To report the analysis of such a case in all its detail would require a book. Here I can present only the core of the problem. In honorable matrons, in old spinsters, in aged men, the eternal riddle of man, the "sexual problem," still lingers. The more repressed the psychic conflict, the more grave is the neurosis and often the result is suicide. The feeling of guilt impels these people to self-destruction. The problem comes from the antagonism between the chastity imposed on such people by custom and age and the overwhelming desires which assail them.

Case No. 6. And now I wish to acquaint you with one of the strangest cases which has ever come my way. A man of about fifty comes to me with the words: "I am unhappy for I *know* that my mistress will infect me with tuberculosis." I ask him whether his mistress is suffering from tuberculosis. "That is just it!" he cries. "She is not at all tubercular! Nevertheless, I am afraid that she will become so." And now he tells me a peculiar story. One day a letter from his mistress came to his office. This letter had been lying on his desk. On the back of the letter there were the initials "M.N." (the initials of her name) and the address. He immediately had the irrepressible idea that his office colleague would visit the girl and make her ill with tuberculosis. I ask him whether his office colleague was tubercular. "Not at all," he replies. However, the neighbor of his colleague had gotten over an incipient tuberculosis some ten years ago. "The neighbor is probably cured

by now," I tell the patient, "If your suspicions were justified, the transmission of the infection would have to be somewhat circuitous. The neighbor (who had been cured of tuberculosis) would have to infect the colleague; the colleague would have to read the address of the girl, would have to recognize that he was dealing with an "easy" girl. He would have to visit her, would have to start a sexual relationship with her, would have to infect her with tuberculosis and, finally, she would have to be ill before she could infect you."

The patient agrees, and says he has known these facts all along. But he still suffers from the obsession. Were it not for his clear insight into the disorder, one would think he had a delusion. He has only one burning wish: to be liberated from his obsession. He has thoroughly studied the works of Koch, Cornet and other authorities on tuberculosis. Indeed, he knows more about tuberculosis than most physicians do. Time and again he comments that his idea is nonsense, but he can not rid himself of it.

I start with the question: "What is the name of your mistress?"
"Minna."

My asking for the name is based on experience. An effect which is too strong frequently has secret associations leading to the patient's own family. I, therefore, proceed: "Is Minna the name of your mother or one of your sisters?"

"No, but the name of my step-mother is Minna."

"Does she suffer from tuberculosis?"

"No, but my mother died of tuberculosis."

We see that his obsession does show a connection with his family history. We further inquire about the character of his mistress.

"She is a detestable woman," he says. "She is really a whore. I hate her. Sometimes I could strangle her. It is strange, I never love and desire her so passionately as when I hate her."

Gradually the psychic drama unfolds itself. His mother was an uncommonly good and kind woman who lived only for him, was adored by him. His step-mother is a rather immoral woman. His love for his step-mother takes the form of hate and contrasts with his love for his mother. Hatred is love with a negative denominator.

His mistress is a substitute for both mothers. She has two attributes of the step-mother; she is a whore and has the same first name. (The latter circumstance plays a larger role in the choice of the sexual object than was hitherto believed and is often a motive for falling in love.) Now this whore was to be a substitute for his own mother. He demanded of her a spotless life, such as that his mother had led. But she still needed another attribute of the mother: tuberculosis. Therefore, his mistress had to become tubercular. She was supported by him. Every month he gave her a certain amount in gold coins. He paid Minna for his love with gold. "Gold" was the first name of his mother.

This sounds like a bad joke. But as Freud demonstrated in his book, *Wit and Its Relation to the Unconscious*, the unconscious permits itself such jokes and puns. Whoever does not realize this will not be able to solve certain obscure compulsion neuroses. A joke often proves to be the elucidation and a cure of a complicated obsession. The idea that the mistress had to be tubercular is a substitute idea, a substitute for several other ideas. The first concerned his mistress. He wanted to be liberated from her (by her death). Then he struggled with the temptation to marry her and to make her the mother of his children. A severe case of tuberculosis would make having children impossible and thus free him of the temptation. The second idea concerned his stepmother. She had chased him out of the house and so he hated her fervently with a hatred behind which in reality a boundless love was concealed. The wish that the stepmother may care for him as much as his own mother did was also one of the motives for the formation of the obsession.

Next let us view a washing compulsion which is combined with a fear of opening a closet. The patient must first wash her hands every quarter of an hour; then she walks to her linen

closet and opens it. She experiences a feeling of horror before putting the key into the lock; finally she does it, and as the door opens she experiences what she calls a "joy." She carefully arranges the linen and is extremely careful to leave everything "intact" and in its "right place." We see here a patient who fits Freud's definition of obsessions. He says, "Obsessions are transformed reproaches, emerging from repression, which refer to a sexual action of childhood, an action that had been carried out with pleasure." The symbolic act of the patient is a representation of masturbation in which she feels tempted to engage because her husband neglects her. For purposes of concealment she inverts the symbolic process. If we place the washing at the end of the act, we can understand it entirely. She goes to the closet (a symbol of the vagina) and puts the key inside. She is, however, concerned that everything remain intact and the hymen is not violated. In conclusion she feels herself "dirty" and washes herself.

This patient has another symptom. She returns home from a walk and sits down in her overcoat. It takes hours before she can take her coat off. This act represents a self-taught lesson: "If you had not taken your dress off in the past you would still be a virgin today!" She tried to make good the sin she thought she had committed.¹⁷

In his paper *Obsessive Acts and Religious Practices* (l. c.) Freud gave a wonderful example of ritual which is so common in compulsive acts. He tells of a woman who ran from her room to another in the center of which there was a table. She moved the table cloth in a certain way, rang for the servant and told him to step to the table. She then dismissed the servant with an unimportant order. She attempted to explain this com-

¹⁷ A similar compulsive act is described by Gerhart Hauptmann in his *Griseldis*. The heroine washes stairs to wipe away her shame.

pulsion. It occurred to her that the table cloth had a discolored spot in one place and that she placed the table cloth in such a way so that the spot would be visible to the eyes of the servant.

The whole thing was a reproduction of an experience from her difficult marriage. During the night following the wedding, her husband had a not unusual mishap. He found himself impotent and ran many times during the night from his room into hers in order to try again for success. Towards morning he told his bride he dreaded the thought that the hotel servant who would make up her bed would suspect his inadequacy. He took a bottle of red ink and poured its content over the sheet, but so clumsily that the red spot was in a place not suitable for his purpose. The patient thus played wedding night by carrying out this compulsive act. "Table and Bed" (Bed and Board) together stand for marriage.

There is no other disorder which demands as much sagacity and patience on the part of the physician as the compulsion neurosis. While single obsessions, as I have shown in a few cases, can be cured without difficulty, the compulsion neurosis proves itself to be a collection of such compulsive ideas and actions. The patient has erected numerous powerful walls around his repressed thoughts and unconscious wishes.

If one finishes with one compulsive act, another arises in its place. It sometimes takes years of hard work before one succeeds in curing such a patient completely. One should not believe that a cure can be achieved with the interpretation of a single obsession. The entire psychic soil must be dug up, laid bare to the light of day. The patient who, blinded by his egocentricity, is concerned with himself and his affliction, must learn to see the world and its tasks. We open his eyes and show him a goal which may deflect his attention from the observa-

tion of his own ego. We relieve his sorrow and free him from the oppressive feeling of guilt which, like a heavy chain, has always hindered him in unfolding his capacities freely. These are rewarding tasks for a physician and there is nothing comparable to the joy which is present when one succeeds in restoring such a lost human being to life.

Here it is impossible to deal with single symptoms of compulsion neurosis. But I cannot conclude my remarks without communicating my views on neuroses in general. I am convinced that they are entirely the result of a psychic conflict or, more exactly, disturbances of the affective area. French physicians, particularly Janet, have, in accordance with this insight which forces itself upon one or more intensive observations, created the concept of psychasthenia; that is, psychic weakness, the cause of which they find in such factors as hereditary disposition and inborn mental inferiority (a psychological term which is misused more than any other).

There is, as Otto Gross has pointed out in his thoughtful book *Über psychopathische Minderwertigkeit*, an area where inferiority and genius meet. I view neurosis not as a symptom of regression but of progress. I have tried to prove this at some length in my small book *Dichtung und Neurose*.¹⁸ Individual neurotics are victims of a conflict, the background for which has been created by culture. This conflict creates unbridgeable antagonisms between instinct and reality, between sexuality and morals.

I would propose to forego the term "psychasthenia" as well as the much abused word "neurasthenia." I admit frankly that formerly I rarely saw a genuine neurasthenia and now that I look for the basis of psychic disorders through ten

¹⁸ *Grenzfragen des Nerven-und Seelenlebens*, I. F. Bergmann, Wiesbaden, 1905, No. 65.

acious research I no longer see it at all. For me there is no neurasthenia.¹⁹

I recognize only anxiety neurosis as actual neurosis in the freudian meaning. Every neurosis is, in my opinion, a disturbance of affectivity. In contrast to the disturbances of affect stand mental disorders, in which the intellect is disturbed. These are "psychoses". Paranoia is a psychosis and so are schizophrenia, amentia, general paresis, etc. Compulsion neurosis, anxiety hysteria, and anxiety neurosis are neuroses. We must strike out the unsuitable term "neurasthenia" if we attempt to create order in the nomenclature. A new science, a new insight, demand new technical terms. As Strumpell²⁰ has explained so well, the nerves as such have nothing to do with neurosis. I do not wish to deny that constitutional factors may pave the way for the development of neurosis. Freud, too, has emphasized the contribution of these factors. Even more important than the constitution seem to me the conditions under which the individual grows up. Without the proper milieu no neurosis can arise.

The material which I have placed before you needs verification. Whoever wishes to see, whoever has open eyes, will find cases in his practice which will permit him this verification. We must approach the psychic life of the patient without prejudice but with an unswerving endurance. We shall win his friendship and his confidence. Then we will understand the obscure relationships between conscious and unconscious, and will observe with pleasure that in the field of psychotherapy we have gained a valuable weapon for the fight against compulsion neuroses. To be sure, this science demands endurance and diligent study. Not everyone is suited for it, but

¹⁹ On this issue I am not in agreement with Freud, who views neurasthenia as a form of "actual neurosis."

²⁰ *Nervosität und Erziehung*, F. C. Vogel, Leipzig, 1908.

as a result of our advance in theory every physician should be able to recognize and to comprehend these disorders. In the recognition of the condition there is already considerable therapy.²¹

²¹ The above chapter, as well as that which follows, show the beginning of my insight into the compulsive disease. The reader is learning with me, as it were, the historic development of the theory of compulsion, its elaboration and usage. Otherwise the minor contradictions between my above remarks and my statements below might call the criticism of the reader. It is, however, not a question of contradiction but of the elimination of errors which are unavoidable at the beginning of our journey into a vast, new research area.

Chapter Three

*

THE DOUBT

*Who is the worst doubter?
He who doubts his own doubt.*

IBSEN

DOUBT IS THE struggle of two affects, each of which seeks to dominate the psychic function called "will." Scepticism can be easily differentiated from doubt, for it presupposes a lack of excitability (affect). Pyrrhon, the originator of the idea of scepticism, demanded that a sceptic experience no affect at all from an imagined affliction, and that he experience only a mild affect from a genuine affliction.

The doubter is not an unbeliever. As long as he is doubting, he is contending with a belief. He is not a nihilist or a negativist. He is a positive individual engaged in a fight with negative values. Struggle is, as Sollier observes so well, the indispensable characteristic of doubt.¹ The sceptic has laid down his arms for the sake of peace.

However, here we are more concerned with doubt as a symptom of the neuroses than as a theme for philosophical

¹ *Le Doute*, Felix Alcan, Paris, 1909.

discussion. Doubt is the characteristic symptom of compulsion neurosis and will be present, at least in rudimentary form, in every case. It is the sibling of anxiety. *We shall not find doubt without anxiety or anxiety without doubt.* Perhaps, and this has still to be investigated, doubt is only a particular form of anxiety.

Every affect of anxiety is a composite affect, consisting of several components which developed through the repression of the sexual drives.² I define anxiety in contrast to fear as a logically unfounded reaction to the emergence of the death instinct. There is no anxiety in which there is not concealed the important question: "Shall I? Can I? May I?" In these questions doubt is already contained. The answer is given by the phobia, which, being a neurotic compromise, opposes these questions with a categorical, "No! You cannot! You may not! You shall not!"

To conquer the anxiety the strongest of imperatives is needed: "You must!" "I am impelled to, even if it costs my life!" sings the poet. The imperative overcomes the fear of death. We will later discuss comprehensively how the doubt of the neurotic is finally ended through an imperative which we call the obsession or compulsion: "You must!" These imperatives contain a life and death clause, frequently in the form, "If you do not do this or that, you (or someone else) will die."

The phobia, too, is an imperative, an inner urge, which terminates all agonizing wavering. Freud says in his *Phobia of Little Hans*³, "Anxiety hysteria more and more becomes a phobia; the patient may have become free of anxiety but only at the expense of inhibitions and restrictions to which he must submit. In anxiety hysteria there is, from the start, a fixed

² *Nervöse Angstzustände und ihre Behandlung*, Wien und Berlin, 1924, Urban und Schwarzenberg, 14, Aufl.

³ *Collected Papers*, Vol. III, Hogarth Press, London.

psychic labor to cathect the liberated anxiety, but this effort cannot lead to transformation of anxiety into libido, nor can it be connected to the complexes from which the libido stems. Only a precautionary psychic structure of inhibition and of prohibition can bar the development of anxiety. To us, these protective structures appear as phobias and seem the essence of the disorder."

The phobia is, therefore, an anxiety hysteria in which the component of doubt has been replaced by a negative command. The prohibition, inhibition and blocking remove the affects of doubt from the anxiety. In severe cases of anxiety hysteria the patient does not say, "Perhaps I will be able to cross the street tomorrow." On the contrary, he says, "I know for certain that I will not be able to cross the street tomorrow."

When doubt begins again, when the question, "Can anxiety be overcome?" becomes at all conscious, then this is a sign of improvement. The treatment of a phobia really consists in the undermining of the imperative and in the restoration of doubt through the affect of belief. If the patient doubts the possibility of this restoration the prognostic sign is good. The severe cases do not know this doubt. The patient is desperate (*verzweifelt*). Psychoanalysis attempts to cure the phobia by dissolving the negative imperative, "You cannot," into the doubt, "Perhaps you will be able to!" It brings about belief in one's self through the dissolution of doubt.

Fundamentally, every doubt is a doubt in oneself. Every belief is a belief in oneself. Doubt and belief are affect pairs like hate and love, aversion and desire. They belong together and appear sometimes in positive (libido) and sometimes in negative (aversion) form. This phenomenon is present in the whole of the psychic life; I call it "bipolarity." There is, for instance, no sadist who is not also a masochist. This law is also valid for doubt. A negative belief and doubt are bipolar.

In anxiety hysteria (as in all neuroses) the belief in oneself has been lost or has been severely shaken. Since most neurotic symptoms are *negativistic*, we shall find aversion, hatred, anxiety and doubt signify transformations of psychosexual energies.

In anxiety the libido is transformed into organic and somatic symptoms; in doubt the libido is transformed into intellectual symptoms. The more intellectual someone is, the greater will be the doubt component of the transformed forces. Simple individuals show only the basic forms of doubt: "May I? Can I? Shall I?" In the case of the intellectual these questions complicate themselves *ad infinitum*. For instance: "Shall I if I can? Can I if I should not?" Finally, doubt becomes pleasure sublimated as intellectual achievement. That is, libido manifests itself in sublimated form since in this form the commands for its repression and masking (morals, modesty, aversion, disgust) are not present. It becomes philosophic doubt, investigative drive, etc.

Let us attempt to follow these relationships in a few cases. First, a simple one:

Case No. 7. A lawyer who suffers from a compulsion neurosis which also manifests itself in other symptoms of no interest to us at this point, leaves his apartment in the evening to get some air. Before locking the door he says to himself, "I have to turn off the gaslight so that no misfortune will occur during my absence." He turns off all lights and departs. The moment he is outside the door he is overcome by the doubt, "Did I really turn off all the gaslights?" He now fears that he did not turn off all the lights. "Perhaps I turned the switch toward the left instead of toward the right." "Nonsense," he says to himself, "I did turn it off. Besides, my housekeeper is at home and she will make certain when she tidies up the beds." At this thought his anxiety increases. What if she were to enter the room with a burning match. Then there

would be an explosion and the girl would perish. In that case he would be held responsible. "No! This is all nonsense," he says to himself, "I have turned off the gaslight. The flame immediately ceased to burn, therefore it must really have been turned off." Despite this clear memory picture, doubt sets in again. Finally he runs home, rushes breathlessly into the room and convinces himself that the jet is turned off.

What has happened here? How did this doubt develop? It arose out of a confusion of appearances and facts, of symbol and reality. The gas jet was a symbol of his sexual drives which had the housekeeper as their object. The whole game revolving around the gas jet was a symbolic game with his housekeeper. He went out on the street and wanted to say to himself: "You should really go home now and have an affair with your housekeeper." (Turn on the gas jet.) "That is what you have done," consciousness says to the unconscious wish. "No," he replies to himself, "You have turned it off." The unconscious, however, demands realities. It answers: "The girl does not dislike you. She is aflame. She is burning. Go home and try to possess her."

We observe how the wish that the girl has a burning love for him is transformed into the anxiety that she could perish during an explosion. What is it that holds him back from an attack on the girl? It is his fear of the consequences, which are: infection, paternity suit, troubles with his own parents. All these anxiety ideas appear during the struggle of the affects. "Shall I start something with her, or not?" He sees the consequences of the explosion, he anticipates trials and annoyances and runs home.

This act is a compromise between two impulses, the balance between symbol and reality. He apparently goes home to close the gas jet in order to end all anxiety. He also goes home to see the girl he desires. His unconscious powerfully drives him toward her.

There are other notable aspects in this case. His father, before marriage, had had an unpleasant experience with a servant, and this had often been held up as a warning to the patient. The father had been exposed to blackmail and wanted to spare his sons a

similar fate. The mother in particular, as representative of moral behavior, had for a decade thoroughly impressed this lesson upon her sons.

The conflict of our neurotic was, therefore, determined in this way: "Father had an affair before marriage. If I identify myself with father I would have to follow his example. Not every affair has to end in blackmail and scandal. On the other hand, my mother says: "You must not get involved in irresponsible affairs. The consequences are paternity, infection, blackmail." ⁴

His affects wavered in their choice. In every compulsion neurosis the patient chooses between two objects. Freud emphasizes this by reminding us of the well-known question: "Whom do you love more, Father or Mother?"

The fact that the housekeeper was, in a certain sense, the representative of mother, is a complication. She had been installed by the mother, had her figure, and assumed certain motherly prerogatives. In this way she meets the incestuous wishes of the patient, exerts a stronger stimulus but—at the same time—arouses a still stronger inhibition in the patient. The patient's dilemma then is as follows: "May I follow up my incest fantasies?"—Thoughts of hatred and revenge against his father drive him toward this symbolic action. In these thoughts a brother replaces the father. The patient shares the apartment with his brother and envies and hates him because of his sexual liberty and also because mother had always favored him.

His secret and, at times, conscious fears were that his brother would start an affair with the housekeeper in his absence. He, therefore, had a justified but not admitted motive to rush home and convince himself whether his brother had not set his love "afire," and whether the rival "had not turned on the gas meter." He projected his own wavering between two objects upon the girl whom he perceived wavering between himself and his brother.

All doubters use such projections. They also feel that all others doubt and stand between two objects. This is one of the

⁴ Mother's imperative demands a "differentiation" from father.

roots of their jealousy. I once defined jealousy as a projection of one's own inadequacies upon others.⁵

Every doubt is doubt in oneself. He who believes in himself, believes in others. He who doubts himself, doubts the whole world.

Jealousy of a third person implies, as Freud has taught us, love for a third person. We are jealous only of those whom we love. If the love to the third individual is stronger than the love to the second individual then there develops the famous triangle (*tertium quid*) in which one is a blind love, that is, blinded by an affect.

In our case, too, the brother had been the object of a homosexual long-standing love. These are components of doubt which Adler considers the only roots of doubt,⁶ namely, the wavering between male and female, between homosexuality and heterosexuality.

The patient's deepest sexual impressions were caused by petting scenes with a maid named Claire when he was five. The name of the housekeeper also was Claire. Similarities to earlier situations are important in developing love for someone. The first maid carried out fellatio on him for years. When she was dismissed, he hated his parents fervently. The tearful farewell of the girl proved to be an almost stronger trauma than the fellatio. At that time his love wavered between the mother and girl-servant. (Conflicts of this nature are not infrequent.) As a boy he could not bear a minute without Claire. His mother found out that Claire had a lover. There were scenes, and Claire was dismissed. The little boy ran to mother, pleaded and begged that the girl be kept. In vain! Claire left, expressing curses and evil wishes against his parents. Before her departure *she had the little boy swear eternal love in front of a crucifix*. We know why neurotic patients experience panic at the idea of an oath! The childhood oath of our patient

⁵ *Was im Grunde der Seele Ruht*, Verlag Paul Knepler, Wien, Aufl.

⁶ *Der psychische Hermaphroditismus*, Fortschritte der Medizin, 1910. According to Adler the neurotic doubts his sexual role. He asks himself: "Am I a man or a woman?"

soon became perjury, because he began to transfer all his love back to his mother. But let us return to the farewell scene. The boy sought by all means to keep the beloved Claire. All possible and impossible and criminal ideas went through his mind. One of his plans was to poison his whole family with illuminating gas. He had heard how his mother gave strict orders to the maid every evening not to forget to turn off the gaslight lest a disaster occur. His criminal ideas usually revolved around illuminating gas and poisoning with verdigris. (He also suffers from a verdigris phobia.)

All compulsion neurotics are unconscious criminals. This corresponds to their psychic infantilism. The child is "universally criminal." It is on a lower developmental level of mankind than the adult (biogenetic law of Haeckel). In the child all the criminal drives of humanity are dormant. Phrases about purity and innocence of the child are empty. Compulsion neurosis arises whenever these criminal drives are too powerfully developed. Then through anxiety and doubt a protective structure is created. Compulsive acts are protective measures against the evil in one's self. However, by means of the neurotic compromise the patients express forbidden acts and repeat various traumatic scenes.

This can easily be demonstrated in the case of our patient. He had the following obsession: he might get some poison on his suit and then spread this poison. He knows very well that this obsession has no logical basis. However, he cannot defend himself against this idea (that is, he could not defend himself. Now he is completely cured, as a result of psychoanalysis.) His obsession was purely altruistic. He was afraid for the sake of others. And the dissolution of this idea? As a small child he wanted to poison the whole house with verdigris. Incidentally, his syphilophobia showed the same root, too.

Syphilis and verdigris (as all poisons) were only symbols to him; symbols of the unclean, the vulgar, the forbidden. Incest as well as disbelief appeared in his dreams as syphilis. Inwardly he was a religious individual and his resistance to women, his fear of prostitutes, and of the servants can be traced to religious motives. Extra-marital intercourse was a mortal sin which could rob him

of his salvation. His faith was a light which glowed in the darkness of his soul. He once dreamed that *he carried a light in his hand, and a threatening lion ran away*. The light symbolized faith and the threatening lion symbolized sin, as in the well-known picture of the evangelist. His faith banished sin. The fear that he left the gas jets open was nourished by the fear of God's punishment. He is now an atheist. But he knows inwardly that his religion is still active in him and that only intellectually is he a disbeliever. The light glows. He sometimes visits churches, though, of course, he says he merely wants to enjoy their serene stillness. He "rationalizes" his prayers and anxiously conceals them, even from himself. His doubt is a religious doubt. He doubts his disbelief, as do most compulsion neurotics. They are all superstitious. Superstition, however, is a compulsion neurosis of the intellect which ties up every doubt and yet clearly betrays the anxiety component, the death clause. He who does not believe atones with disaster, even with death.

Ostensibly he fears for other people. In reality his boundless envy fills him with evil thoughts against all those who are more accomplished than he. Outwardly an amiable and friendly person, he is inwardly dominated by all kinds of poison and murder fantasies and by death wishes. He wants the whole world to perish if he can remain alive!

Our patient was a criminal without the courage to commit the crime. The doubt was really the rudiment of a childhood doubt. He repeated the pathogenic situation of his childhood. At that time he asked himself: "Shall I leave the gaslight open and poison the whole house?" Fortunately he could not reach a decision when he was a child. According to my experience every anxiety attack repeats the anxiety history of the individual. This also holds for doubt. Doubt is based on actuality but it shows also the repressed affects of the infantile trauma.

Among the many aspects of the patient's doubt were:

1. Symbol versus Reality.
2. Father versus Mother.
3. Maid versus Brother.

4. Maid versus Mother.
5. Doubt of the maid, the father, the mother.
6. Doubt of his potency and capacity to love.
7. Doubt of his own righteousness.

These doubts further reveal his deep religiosity. We also find a strong phobic component in the form of fear of infections, fear of courts, fear of paternity, and fear of a scandal.

Using this example we can arrive at a simple formula concerning the relationship between anxiety and doubt. In anxiety hysteria anxiety is the stronger force. The weaker component of doubt ("Shall I? Can I?") is replaced by an imperative which we call *phobia*. In compulsion neurosis doubt is the stronger force; the accompanying anxiety is replaced by an imperative which we call *compulsion*. The compulsion to wash represses the fear of dirt. The attempt to break up the compulsion again liberates anxiety.

In compulsion neurosis where doubt prevails we shall find a strongly emphasized tendency to a general bipolarity of symptoms. Freud correctly pointed out the wavering between hatred and love. In our case this wavering does not refer to the realistic love object but to the patient's family. Hatred does not appear in a manifest form. The destructive fantasies can, nevertheless, be demonstrated in the material. The bipolarity, the wavering between sadism and masochism (which is only a variation of hatred and love) can be shown, however. There is also the wavering between being a man or being a woman, in his tendencies towards changes of mood. Further, there is a series of symptoms which can be reduced to the wavering between right and left, above and below, behind and before, heaven and hell.

Another case of compulsion neurosis which I have treated shows this bipolarity with reference to "dry" and "wet." "Wet love" is repressed and invested with disgust. The patient is

disgusted by moist kisses, wet vagina, toads, snakes, lizards, fish. He values only "dry love," a love without phrases, kisses performed with firmly closed lips. He touches the vagina only through a handkerchief and withholds ejaculation for a long time, occasionally bars ejaculation entirely. He does not wash himself, and also abstains from alcohol because he dislikes the moist atmosphere of drinking. Nevertheless, the earlier tendencies break through the barriers of repression. He urinates into a pot on his bed so clumsily that he often makes himself wet and has to sleep in the moisture. This is connected with a strong feeling of pleasure. His masturbation is "dry"; it takes place with the help of the foreskin only. He has periods when he can not weep and then there are periods where he weeps at very opportunity. In short, he fluctuates between "wet" and "dry."

This bipolarity of symptoms is a typical product of compulsion neurosis. It can be demonstrated in all compulsive acts, frequently in the form of a compromise. It is one of the transformations of doubt.

A beautiful example of this bipolarity is the religious doubter whose atheistic and blasphemous moods alternate with periods of religiousness. Blasphemy as well as superstition is only one of the forms of a powerful belief. As stated above, all compulsion neurotics are inwardly religious. Their belief, overcome only in the intellect, is anchored in the affects.

In the atheism and freethinking of the compulsive neurotic there is much of intellectual Jesuitism. The doubters who have ceased to doubt are all religious, as is demonstrated by their consciousness of guilt.

Belief breaks through the intellect's restrictions by recasting its form. It appears particularly in the form of superstition which is a well-masked belief. It also appears in the form of spiritualism and mysticism. A special form of faith is the ex-

there was a formation of imperatives⁸ which put an end to the fluctuation and helped ideas of redemption achieve victory.

Of particular interest are cases of doubt neurosis in which the doubt seems completely repressed and never becomes manifest. Only powerful compulsive impulses, imperatives of action without possibility of delay, betray the subterranean work of doubt. A case closely observed by me shows the following peculiar phenomena:

Case No. 9. The patient suffers from severe attacks thought to be of an epileptic nature. He also suffers from a severe paraphilia, urolagnia. The urolagnia appears as a compelling impulse, an irresistible imperative. He suddenly has to run to the Prater (park in Vienna) and wait in the public comfort stations until a woman urinates. Then he tries to procure the urine, the drinking of which gives him pleasure. This individual was extraordinarily religious until his fourteenth year. Educated in a college (Gymnasium) under the supervision of monks, he was considered most devout. One day, after reading a brief article about the theories of Darwin, he became a fanatical atheist. The "conversion" seemed much too sudden, yet he accepted it as a routine fact. A long-standing subterranean effort of doubt had prepared the way for atheism. Similarly, he claimed he had no conscious struggle before carrying out his paraphilic acts.

An inner unrest, which Freud has described as a form of uncertainty preceding the doubt, is the only conscious warning that the act is about to occur. All his struggles were unconscious. This split in personality is, in a certain sense, the precondition for the attacks and twilight states. The attack symbolizes the overpowering of consciousness or foreconsciousness through criminal complexes. The twilight state is the transition of the unconscious to the conscious via the forecon-

⁸ "Do not go to a woman! Do not go to the street! Do not drink!" With their help he could attain his goal of sainthood. And he could triumph for all eternity over his father and brother, who were both Don Juan types.

scious.⁹ Urolognia is part of a more painful criminal complex (vampirism) and a result of an old imperative of the parents. When he was a child, mother as well as father compelled him by force to eat the food even when it disgusted him. He now overcomes disgust with exaggerated extreme obedience, which is frequently a form of defiance.

His anxiety is nearly eliminated as it is displaced to be applied to the performance of the normal coitus. "Will I succeed? Can I?" are his questions which contain anxiety and doubt. Since his libido was fixated on the paraphilic acts, he did not have sufficient libido to perform intercourse. He was impotent. But in this case, too, anxiety and doubt barely emerged into the conscious. He simply did not go to see a woman. If he was somehow forced into a situation of this kind anxiety and doubt would invariably announce themselves immediately.

Many doubters have the feeling that they are swindlers. They have a tendency towards swindle. Here we get a new view of the repressed criminal instincts which we find so frequently in all doubters.

It is striking that so many compulsion neurotics are either lawyers or philosophers. They are motivated by the question: "Which is the right way?" The lawyer wishes to find "the right way" through his study of jurisprudence. He wishes to protect himself from the traps of the law. Deep in his mind, however, is his wish to be a defender of his own criminal ego. The philosopher accomplishes the "regression from action to thought" (Freud) through methodical investigation of "the right way" towards the recognition of truth. Such a philosopher under my treatment often saw himself in his daydreams and

⁹ Compare with my work: *Die psychische Behandlung der Epilepsie*, Zentralblatt für Psychoanalyse, Nos. V-VI, 1911.

dreams as an accused person addressing the jury in his own defense.

The doubter, therefore, is justified in thinking himself a swindler, if only because he cheats himself. One part of his consciousness always says "No," while the other says "Yes."

It is easiest to study the mechanism of doubt in those cases which have developed in old age. In most cases these patients showed symptoms of doubt in early childhood. However, the outbreak of severe states of doubt, which disable them for everyday life, can be traced back to a specific experience.

Case No. 10. A woman, thirty-four years of age, suffered for six years from tormenting compulsive states. She was not able to decide whether she had paid a bill. She always had the feeling that she still owed the sum. She also doubted that presents she gave to others were "whole." For instance, she was not sure a vase she gave to a friend was "unbroken." When she was about to mail a letter, she thought that perhaps she had not inserted the right letter in the envelope, and she was unsettled until she tore open the envelope to make sure.

Analysis revealed that the girl had shown no neurotic symptoms until she was twenty-eight. Then when she was alone with her piano teacher, he kissed her passionately and carried her to the couch. There she allegedly lost consciousness. That is, she repressed what happened at that time because she wanted to forget the painful experience against which her pride rebelled. The facts in the scene came back to her, and they showed the basis of her doubt.

She experienced intense feelings of guilt toward her parents. This expressed itself in her impression that she still had to pay a bill (settle an account) with Heaven. She did not know whether she was still a virgin. "Is the envelope intact?" "Is the vase broken?" These were symbolic expressions of an important question. She expected a letter from the seducer telling her that he had divorced his wife in order to marry her and restore her honor. All other letters were the "wrong" letters. She cancelled the whole

scene by tearing the envelope; for the torn envelope she simply took a new one. By this symbolic act of regeneration she was made a complete and perfect woman again.

The compulsion replaced the commanding voice of her parents: "Consider your actions carefully!" The act also contains a death clause. For years she expected the news that the wife of the piano teacher had died. Criminal ideas, too, reinforced her feeling of guilt. Adventurous plans went through her tortured mind. She wanted to poison her rival, and this thought led to fantasies of self-poisoning.

Her conscious said, "Nothing happened." The unconscious answered, "Yes! You have been violated, deflowered."

As soon as a certain experience is totally repressed and eliminated from consciousness, the memory present in the unconscious, colored by the affect of ever-recurring remorse, creates unrest in the seemingly appeased conscious. Doubt then is to be found in a symbolic form of expression in consciousness. It does not betray the true state of affairs openly, but permits the truth to shimmer through. In the case of our patient it was the doubt of whether or not she had paid a bill. The rite was a symbolic representation of the defloration scene, this time with a favorable ending. She replaced the torn envelope with a new one. She had to do this as a compulsion. She also expected that the seducer would have to make everything well again. This was another imperative of her father: "One may err, but one must make good one's errors."

A compulsion always substitutes for an imperative. It works in the service of the paraconscious. The current imperative is always a resonance of infantile imperatives. One may say that the neurotics run after their infantile imperatives. Doubt appears as soon as the patient is expected to act independently. He is incapable of doing so. The question as to which is "the right way" can be solved by him through a compromise between two paraconscious forces. The imperative apparently leads to an action which, however, in reality consists only of an inhibition.

The neurotic is quite right when he doubts the conduct of his ego. Inwardly he is a different person from the one his outer appearance would indicate he is. He hates while he shows love. He attempts to compensate for his criminality by super-sensitiveness. Since he doubts himself he cannot believe in others, for belief in others requires belief in oneself.

Case No. 11. Mr. F., a law student, is supposed to attend a ball. For a week he struggles with all sorts of anxiety. Will he behave well? Will he be able to dance? He has been taking dancing lessons for several weeks as he believes he has forgotten how to dance.

How will his new dance shoes fit? If he only would not have to take part in the opening dance, for then everyone will be observing the dancers... He is afraid, also, that he and his partner will slip and fall. Or he might bump into another couple.

The critical day arrives. He is excited and absent-minded. He does not want to be there too early. He "fusses" so long that he fears he might arrive too late.

He enters the ballroom certain that he is late. Surprisingly, and to his displeasure, the dance has not begun.

He fares better than he anticipated. He is not admitted for the opening dance as he is not a member of the committee. When he does dance he has a faint fear that he might betray his personality in conversation, so he talks only of inconsequential things.

While dancing he thinks the shoe might be pinching. He also experiences an almost imperceptible inhibition whenever he has to place the weight of his body from the right to the left leg.¹⁰

Upon going home after the ball, an idea which can not be easily dismissed occurs to him. "I have harmed myself very much by using dancing shoes which are too tight." Or, "I am afraid that I have betrayed something of my inner self because I have been disturbed physically by my shoes."

His fears had no reasonable basis. He did not betray anything, at least not consciously, and the shoes really fitted and were comfortable.

¹⁰ Compare with Case No. 1c, page 53.

Where lies the deeper meaning that all obsessions contain in this case? In dreams "dancing" very frequently signifies a sexual act. In reality we know that dancing calls for expenditure of libido. It is an exquisitely sensuous pleasure. It permits advances which are otherwise strictly prohibited. We can understand the patient's anxiety that he might have "forgotten how to dance" when we learn that our patient is almost impotent. We also understand that he is afraid to "come too late." This is the *leitmotif* of his life. He always comes "too late" as a result of his psychic dullness.¹¹ Another meaning of the fear of coming too late shall be discussed later.

But he is also afraid of coming "too early." On the one hand, this is an allusion to his *ejaculatio praecox*. On the other hand, it has another, deeper meaning. He once actually came too early. An experience came too early. When he was five years of age he was sexually misused by an unscrupulous maid. She performed fellatio on him, attempted to engage in intercourse with him, and also permitted him to be present at her sexual activities with her lover.

As a result of this, deep feelings of guilt developed within him. She had ordered him to be silent. *This is the origin of his fear of betrayal*. She inculcated him with the idea that he must not reveal anything. He was, therefore, justified in his fear that he might reveal something. In contrast to this his mother had ordered him to speak the truth. As long as she did not catch him lying she would not punish him. She said that God sees everything and punishes liars by sending them to hell.

The excellent phrase formulated by Freud, "Obsessions represent regressive acts," applies very well to this obsession. However, before we analyze it we must say a few words concerning the symbolism of foot and shoe which dream analyses tell us represent penis and vagina respectively. This interpretation is supported by the study of folklore and fairy tales.¹²

Putting a foot into a shoe represents intercourse as does the placing of the finger into the ring during the wedding ceremony.

¹¹ He also came into life "too late." He is envious of the fact that his brother was born first.

¹² See Aigremont's *Fuss-und Schuhsymbolik und Erotik*, Leipzig, Ethnologischer Verlag, 1909.

Every obsession develops through a fusion of symbol and reality.

Translated into our language, the patient's obsession is: "I have performed an intercourse. The vagina was too tight (opening dance). During the act I have infected myself (shoe pressure; during military service he had an abscess because of shoe pressure and at that time he was afraid of blood poisoning). I have syphilis which will affect my brain (physically disturbed!). I have contracted gonorrhea, and my mother and the maids will recognize this from the spots on the linen (fear of betrayal). Now I will infect all girls with whom I have contact."

His eternal hypochondriacal anxiety was fear of syphilis and in general of all poisoning. This attitude was systematically developed in him by his parents who never let him pass near the hospital for fear of infectious diseases. When his brother, a medical student, came from the hospital he was forced to wash himself endlessly and to put on new clothes. A cousin of the patient suffered from gonorrhea, one of his uncles from syphilis. These two were eternally discussed by his parents. When the patient was a boy he listened to a conversation between his mother and aunt about the terrible consequences of sexual excesses, and this became a severe trauma for him. He had a bad conscience because of the maid's immorality. He had a reason to think himself ill. Therefore, he suffered from the fear of coming too early. He reproached himself for having ruined his health by starting too early to have relationships with women.

The obsession was overdetermined and, as in the case of dreams, a second interpretation is possible when we change a few sentences into their opposites. Let us, therefore, translate the obsession into direct language: "I have injured myself and am physically disturbed because I used a vagina which was too wide for my infantile penis. I should have told mother about it right away."

We see here that the obsessions contain also a strong feeling of remorse. I have called the obsession an "Imperative of Remorse." Our patient has deceived his parents when he concealed from them his big secret.

Here is another important root of obsessions: *the parental*

imperative. His mother commanded: "Do not become involved with women as your frivolous cousin or uncle have!" And further: "You may marry, but frivolous relationships will harm your body and soul." She added that boys who chase after women at an early age soon exhausted their sexual powers and did not live long. And here we note another important aspect of obsession: the death clause; the fear of dying (syphilis, consequences of masturbation, bloodpoisoning) or of killing others. This consideration leads to the root of his anxiety, the fear that he might hurt others, a fear that goes back to the patient's infantile revenge fantasies and his desire to poison his brother as an act of jealousy.

The patient also suffered from overpowering incest fantasies and from the overcompensation of hate which dominated him when the maid was dismissed. His hatred was concealed behind a hypertrophic love. He is afraid to come "too late," i.e., he will never be able to attain his mother.

He had violated two of his mother's imperatives in his childhood: "Tell everything!" and "Remain chaste!" Remorse now forces him to make good his omissions. He tries to remain chaste and his endeavor to tell everything leads him to a "fear of betrayal."

He had difficulty in transferring his weight from the right to the left leg. "Right" means the straight path, the path to Heaven; "left" symbolizes the path to Hell, to sin, to incest and homosexuality.¹³

Once on a dance date he thought he had not brought along enough money. The day before he had read in the paper that during the intermission of a social gathering and dance a young man had taken his girl partner to a hotel to be intimate with her. Such adventures require money. He also went to the ball with the secret desire to look for a mistress. Every girl he met became a sexual possibility, every dance a sexual act, and every unconscious fantasy reality. Thus he had "sinned" extensively during that evening, and the self-accusations appeared justified.

His obsession was a doubt-equivalent and designed to tie up

¹³ Compare this with the chapter "Right and Left in the Dream," in my book *The Interpretation of Dreams*, Liveright, New York, 1943.

the doubt. His question was: "Shall I start something with this girl?" He accepted fantasy, not reality. He assumed he was engaged in a dangerous undertaking, and reacted to it with all the affects of remorse. It was as if the voices of the unconscious wished to warn him of the dangers of sexuality. He heard the voice of his parents today as he did through the years, with undimmed power. "You shall not! You can not! You will become sick and die if you do!" His doubt was the unavailing attempt to conquer these imperatives.

Case No. 12. Mr. L. wishes to leave Vienna in order to study in Leipzig, Germany. One day he decides to go to the university to get the transcripts of his marks. He notices that he has lost his identity card. The sudden idea strikes him that a stranger can steal, murder, cheat, strangle, and leave the patient's identity card at the scene of the crime. "People will come to believe that I am a criminal. It will be difficult to produce an alibi. I can come under false suspicion." He obtains his final transcript, which he receives without producing an identity card, and then he looks for the card in his room. He rummages through his clothes, desk, closets, books. No results.

In the evening he is so excited that he can not go to sleep. He feels as though his head were "twisted." He believes that he will go insane. In the whirlpool of his thoughts insanity would be a deliverance. Before going to sleep he is dominated by one thought: "You cannot get away from these matters. Make an end to it! Make an end to it!" He sleeps very heavily, wakes up late in the morning with a headache. He then visits his girl-friend, a Russian, with whom he had been a few days before. She knows nothing of his identity card. He gives her ten *kronen* and asks her to come along to Leipzig. Immediately doubt emerges. Perhaps she had his identity card. He then visits another girl-friend, searches her house in vain for the card. Then he takes her to a hotel, but he fails in intercourse.

The next day he tells his mother about the event with a great deal of affect. He does not conceal the possibility that his identity

card might be in the hands of a whore or a procurer. Upon his mother's advice, he goes to the police and to the municipal lost-and-found division. No results.

The next day he goes to the university registrar and reports his loss. The official is surprised. "I didn't know that you handed your identity card to us before you received the transcript for the Leipzig university. Your identity card is here with us."

Mr. L. sees his identity card. He recognizes his photograph. He leaves the university and is reassured for a few seconds. On the street doubt grips him anew. He thinks that he did not look at the identity card with sufficient care. Perhaps the official has made a mistake.

He has to return. He looks for a pretense in order to see the identity card once more. How shall he do this? He tells the official he would like to see his identity card. The surprised official asks about his purpose. Mr. L. is embarrassed for a second and then says, "I believe I have left a ten *kronen* note in it." Thereupon he receives his identity card, looks at it carefully and convinces himself that it is his photograph. He leaves the university satisfied. After some time, doubt grips him again. He now realizes that he is subject to a pathological doubt which reality cannot remove.

Doubt can relate to the past, to the present, and to the future. In our case it had the meaning: "Was this so or so? Am I awake or do I dream? Shall I remain in Vienna or travel to Leipzig? What shall I do?"

In the case of Mr. L. the form of doubt referring to the past, stemmed from the so-called "family novel." Neurotics often develop a fiction about themselves. In their imagination they are of noble descent, not the sons of their fathers; at times they imagine themselves to be a prince kidnapped and raised by gypsies. Mr. L., too, permitted himself to doubt whether he "legitimately" bore the name L.¹⁴ A princely name really belonged under his picture

¹⁴ In German the identity card is called "Legitimacy Card."—The translator.

We see that in this respect, too, his doubt is no longer meaningless. He doubts whether he is a genuine L. But, of course, the sight of the picture cannot remove this doubt. This doubt cannot be dissolved at all. The question, "Am I a legitimate child of my father?" is transferred to the symbol of the identity card.

His doubt concerns events which lie far in the past. The present question, "Am I really the son of Mr. L." is the result of his doubt in the virtue of his mother.

He also suffers from a doubt which refers to the future. He has decided to go to Leipzig and has taken all necessary steps. He is constrained to carry out this decision.

However, he would like to cancel his plan. In his fantasy, he has lost his identity card. He has to stay in Vienna in order to prevent the misuse of his name. In truth, he finds it immensely difficult to take leave of his beloved mother. He repeatedly asks her to come to Leipzig. The departure from the university symbolizes the departure from the *Alma Mater*. He finds it equally difficult to take leave of his two girl-friends who have a peculiar link to his mother complex. His secret thought is that he cannot leave Vienna. He finds the city more beautiful than ever before. Why should he renounce his comfort and live in a strange city? And yet he knows that it must be. He knows that he has to separate from his family. He is drawn back to childhood as if by magic. He has to tear himself away by force from this psychic infantilism.

Before going to sleep doubt appears in his mind: "I cannot get away from these matters." He further thinks, "Put an end to it!" Now might unconscious complexes threaten to break through. This always fills the neurotic with a fear of insanity. In our case, doubts are centered in the loss of the identity card. His despair can concentrate itself openly on one aspect of his problem only. He is desperate because the "stranger" may visit his home, and because he has lost his home and his mother. He leaves it; perhaps forever. Everything which Vienna offers he would like to bring to Leipzig:

the mother, the Russian, the other girl-friend, his brother. Thus, he doubts whether he will be capable of living in Leipzig without being surrounded by his loved ones. He may lose his "legitimate" friends.

The most important doubt, however, stems from another source and refers to the present. He doubts in himself. He carries wild and untamed drives within himself which are alien to his consciousness but are raised into his consciousness by psychoanalysis. He is afraid that a stranger might get hold of his identity. He himself is this stranger. Up to now the criminal in him has been alien to him. He has a double, his inner criminal ego. He is afraid of losing himself. He is afraid that he might lose the mastery over his asocial ego and bring shame to his parents. His name could be stained.

People who are afraid of themselves are not people of action. Every doubter is a Hamlet who has cheated himself out of the possibility of action through endless doubt and reflection. The doubts in his legitimacy, in the correctness of his decisions, and in himself combine in the above example to form a symptomatic act which at first sets in without doubt (as simple forgetting) and finally ends with an open doubt neurosis, after facts had rendered obsolete his plan to remain in Vienna.

This process indicates still another determination of doubt. I have discovered a fantasy in all neurotics which I have called "the belief in a great historical mission." Our patient, too, shows this fantasy embellished with an outspoken religious content. He wishes to found a new religion or to reform the old one. He wishes to write a book which deals with the historical Jesus. He wishes to be Christ himself. To carry out this task he started to study theology. His rich talent was to be placed in the service of this great task. But here (justified) doubts set in as to whether or not he had been called by God for this great mission. He is waiting for this miraculous call which will also legitimize him. But he feels himself a sinner. As a child he still had a beautiful belief in himself and felt a calling for greatness. Now he has lost his identity card. The ten *kronen* (ten commandments!) symbolize his guilt. He is "sinful" and "lost." He now wishes to start a new life.

In the foregoing pages I have presented various forms of doubt. We succeeded, in most cases, in demonstrating many common roots. I would therefore like to summarize my conclusions once more as follows:

Doubt is the expression of a psychic cleavage within the individual. In every doubter there are powerful affect-charged complexes which establish a special emotional rule. Next to the normal will one or several sidewills wish to assert themselves. Every doubt shows the tendency to be removed through a compulsion. This compulsion contains a death clause and responds to an infantile, authoritative imperative. Doubt is never monosymptomatic. It apparently refers only to one single action: but it permeates the entire emotional life of the patient. The doubter doubts everything. The greater the extent of repression, the more powerful his doubt. The normal human being submits to the law of bipolarity in a temporal sequence. For example, love follows hate or hate relieves love. The doubter lacks this order completely. He loves and hates at the same time. He wishes for and is afraid of fulfillment at the same time. We thus arrive at a uniform definition: *Doubt is the endopsychic perception of bipolarity.*

Chapter Four

*

OBSESSIONS

Nothing occurs in nature which could be imputed to her as an error. Nature is always the same and her power and faculty to effect is the same everywhere... Therefore, there can be only one method by which the nature of all things, whatever they might be, can be recognized and that is, through the general laws and rules of nature. The affects of hatred, wrath, and envy, viewed by themselves, result, therefore, from the same necessity and power of nature as everything else.

SPINOZA

IT IS ALMOST impossible to describe the various forms of compulsion neurosis in separate groups because every compulsion neurosis shows more or less the same cardinal symptoms:

1. The displacement of affect.
2. The death clause.
3. The connection of pleasure and punishment, of impulse and inhibition, of desire and warning, of instinct and conscience, of hatred and love.

Despite these common elements extraordinary differences manifest themselves in the structures of the various disorders.

We must distinguish between compulsion neuroses which express themselves only as obsessions (ideas) and compulsion neuroses which lead to compulsions (acts). The first mentioned form seems to be less severe because it does not make the disordered individual socially impossible or ridiculous and because this form of neurosis is not noticed by the environment. In truth this form (the obsession) is the more agonizing for the individual. In the compulsive act we already can see a certain abreaction; an action, a caricatured impulse.

The patient expresses himself in the compulsive act. If he carries it out according to program he is more or less free of anxiety and self-reproaches. There still remains the unsolved doubt which can not be banished entirely. The obsession, on the other hand, provokes a struggle within the patient. Idea struggles against idea, and this means that affect struggles against counter-affect; for there is no obsession behind which an affect is not hidden. We are dealing here with the struggle of two bipolar affects which appear in the obsession as an expression of profound contradictory forces (contrast ideas). Hidden though they may be they are always demonstrable.

The patient feels helpless in the face of his obsessions. They appear to him as essentially strange incomprehensible things which do not belong to him.

It would be simple to say that the obsession stems from the unconscious. Our experience, however, contradicts this and the relationships are really much more complicated. We shall later prove how repression and annulment processes fuse, alternate, and struggle with each other.

Viewed superficially, the problem seems to be very simple. The patient does not want to think of something. There then arises the fear that he might think of that which he does not wish to think about. The attempt to "suppress" this idea fails.

The idea again and again forces itself upon the consciousness against the will of the patient.

At this point I should like to narrate an anecdote about a man who was promised a high reward if, on a specified day, he would not think of a rhinoceros. The terrible fear that he might, turned the idea of the rhinoceros into an obsession. The critical day arrived, and the word rhinoceros occupied the poor man's conscious mind uninterruptedly. Had the man been capable of a real repression, he would have gained his reward. The fear that he might think of the word represented a strong affect; it prevented the repression just as much as it disturbed the process of forgetting.

We easily forget processes which develop without affect. Memory and attention are affective processes (Bleuler).

We must, however, consider the law of stimulus thresholds. The law formulated by Verworn states that a certain excitement stimulates the cell but that when a particular stimulus threshold is exceeded, the stimulation turns into paralysis.

Processes which occur in an affect intoxication likewise escape consciousness. An individual who is in rage does not know what he has said and what he has done after the rage has subsided. He was not "himself." In the compulsion neurosis actions committed during the affect intoxication play a great part. The affect intoxication seems to overwhelm the conscious ego only and leaves distinct memory traces in areas which lie away from the center of consciousness.

The compulsion neurotic is like the man who must not think of the rhinoceros. The fear of the obsession calls forth the obsession.

Compulsion neurotics, therefore, live in a state of permanent fluctuation, in an upward and downward swaying of affects. Even when they are quite calm, the fear that an obsession is about to appear is lurking. They do not trust the calm, and

every calm is the calm before the storm. They are right, of course. For the hidden affect is not extinct, the latent conflict is not solved and the antithesis between two contrasting psychic currents is not abolished.

Let us return to the second example I have presented in this book, for this patient who thinks he is unable to urinate provides us with a typical example of compulsive thought. Behind the idea, "I am unable to urinate," a psychic conflict is hidden. The man is impotent with his wife who has lost all attraction for him. The affect seems displaced. "I am unable to urinate," means "I am unable to have intercourse." But is this the final interpretation? Or is not a more serious conflict hidden behind this obsession?

We must consider the fact that every compulsion neurosis represents a typical example of the repetition compulsion. Behind the recurring obsession, "I am unable to urinate," the second part of the sentence which bears a death clause is eliminated. The formula really runs like this: "I cannot engage in intercourse with my wife, but I could with the other woman; I wish my wife would die and clear the road to the other woman."

The obsession comprises a concealment mechanism. It hides the most important motive. It omits the wish which demands repeated expression. This wish is disclaimed by the conscience as sinful. But the wish returns; it returns despite intention, prayer or oath. It is stronger than the will. The spinal cord triumphs over the brain. However, with this the conflict is not ended. The man in question is about to commit suicide. I have discovered the following law: *No one kills himself who does not wish to kill someone else.*¹

Whom did this man wish to kill? The wish for repetition

¹ First published in *Diskussion der Wiener psychoanalytischen Vereinigung über den Selbstmord*, J. F. Bergmann, 1912.

removes all obstacles. He wanted to kill his wife (and also the husband of the other woman). He was about to commit a crime. He mobilized his hatred. His hatred was directed toward the woman who was unable to offer him adequate satisfaction, the woman who, he thinks, has destroyed his life. Now it is directed against his own ego. Urination may be used as a symbol for bleeding and loss of strength, perhaps, but one thing is certain: a conflict rages between hatred and love.

One might say that it should be possible for the man to find a peaceful solution to his conflict. He might ask his wife for a divorce. The other woman is the wife of a laborer; she, too, might be willing to get a divorce and by doing this improve her social position.

But there is a mighty obstacle. "I can no longer look at my beloved boy," the man confesses. He loves his child, but he is prepared to sacrifice even the boy. He harbors death wishes directed toward the child. The patient stands here between two loves (woman—child), and since one love stands in the way of the other, one must die. He has to convert his love for the boy into hatred.

We learn a new rule. *The obsession is born of a contrast. It shows the extent of the polar tension between the manifest and the hidden.* Characteristic of compulsion neurosis is the fact that in the place of ethical feelings, demonic (satanic) feelings appear. Where the heart should glow in love, hatred makes its appearance. Where there should be veneration, there is depreciation. In place of adoration there is humiliation, and in place of overestimation there is underestimation.

Characteristic are cases where blasphemous thoughts appear during ardent prayer. The following case belongs in this group.

Case No. 13. A strikingly attractive woman, thirty-one years of age, toys with the idea of suicide because she cannot achieve a complete religious concentration despite her genuine devotion.

Sexual images force themselves into her prayers; while in church she suddenly sees Christ naked and has to think about what kind of genital he has; she mentally undresses the priest and says to herself: "He is a hypocrite!" At the same time she believes in the chastity of the priest and implores him frequently to liberate her from her sinful and blasphemous thoughts.

She is unable to confess with a pure heart. During the confession an inner voice whispers: "You are lying!" During the swallowing of the holy wafers she thinks of genitals, feels nausea and would like to spit it out.

The priest whom she beseeched for help is a simple country minister who thinks these thoughts were temptations by the devil against which she should struggle through prayers. He prescribes ten rosaries (prayers) every morning and evening which bring her to despair because the devil whispers: "Do not be stupid, give up this nonsense!"

She is preoccupied night and day with the doubt as to whether there is a devil. The devil would provide an excuse for her. Then she would be innocent. But she puts this question to the whole world: "Do you believe there is a devil?" She has procured various books on this subject. She has asked a dozen priests. They answered: "There is a devil!" But educated and enlightened people do not believe in a devil. Therefore, he can not exist. No one has seen him. Her belief was about to disappear, when she found an item in a clerical paper stating that the devil had been seen in a remote village.²

At night, the devil appears in her dreams and tries to seduce her to masturbation and unchastity. She is almost able to see him during the night as an hallucination and is afraid to sleep in her room alone. God and devil fight a terrible battle in her mind. She does not dare to sleep because then the devil could conquer her soul and get the upper hand over God.

The devil already interferes in *all* of her thoughts and actions. She caresses her husband and wants to kiss him, but the devil says,

² Such patients search and search, until they finally find whatever they wish to find. In case of extreme need they invent something which permits them to doubt once again.

"Twist his neck, you liar!" But these ideas are not as torturing as the blasphemous thoughts which the devil whispers to her in church; these are "common, vulgar, ugly, disgusting, humiliating."

The patient comes from a middle-class but impoverished home. The father died of general paresis, the mother suffered from a compulsion neurosis, a brother had been jailed temporarily for committing a criminal act. The patient was much courted in her youth and refused several marriage proposals. She finally married an elderly man, owner of a farm. Life with him was difficult. She had to work like a servant. She had to go to the stable in the morning, to supervise the milking of the cows, and then ship the milk to the nearby city. She did all this without protest. Since puberty, as a consequence of the offense of her beloved brother—and other early experiences which came to light in analysis—she had ideas of saving and self-sacrifice. Deprivation gave her a certain pleasure as it corresponded to her ascetic tendencies. Neither did she mind the fact that the elderly man could not satisfy her sexually. After four years of marriage her husband died, and she inherited a great fortune.

Now she could have a young man. But she had to atone for a newly acquired guilt: the death wishes against her husband which had been fulfilled. Only her family's intervention prevented her from donating her money to the Church.

Two years after the death of her husband she married the owner of a nearby estate who needed a nurse. He was not so old as her first husband, but was well in his forties. He was a severe hypochondriac and was afraid that sexual intercourse might injure his health. Therefore, he rarely had intercourse and then, with so much reserve and precaution, that she could never achieve the sexual pleasure for which her young body yearned. Being a hypochondriac, her second husband always spoke of death and his last will, of his various illnesses (he suffered from a severe stomach neurosis) and kept a ridiculously rigid diet. This diet was tantamount to slow suicide. For the second time in her life she was a nurse in her marriage.

During the year in which her disorder appeared, she saw a

handsome young man who had once courted her. At that time she rejected him because he was poor and she wanted to marry someone well off. She now met the former suitor at a lake resort. They greeted each other heartily and swam out far into the lake, on the shore of which a castle stood. Neither her first nor her second husband had been able to swim. The ability of her former suitor to swim started an association to his sexual capacity. She drew conclusions which were not favorable to her husband.

Then her blasphemous thoughts began. As she recognized later, they started because the thought came to her: "If my husband dies, I can marry this handsome man the form of whose genitalia I can clearly see (and admire) through the swimming suit." Or, "I can start an affair with him." Why should she wait for her husband to die? Many women are irresponsible. Why should she renounce her whole life? She asked God for protection against these thoughts of temptation. But God abandoned her.

Then her rebellion against God started; the blasphemous thoughts began, and finally thoughts of doubt as to the devil's existence appeared. Analysis showed clearly that she wanted to make a pact with the devil. He was to kill her husband and to lead the young man to her. In return for this she was willing to give him her soul. The young man was a messenger of the devil. Nay, the devil himself.

After an analysis of three months, the disorder slowly subsided. Six years later her second husband died. She had nursed him self-effacingly until his death, without ever deceiving him. However, she had found the way to autoerotic satisfaction which protected her against every temptation.

I see the woman from time to time. Sixteen years have passed since the analysis. She is entirely well, full of the joy of life, and is now truly religious; but she no longer believes in the devil.

In every human being there lives the great antithesis between God or Satan, the "upward" trend (the anagogic tendency) and the "downward" trend (katagogic tendency). If I have called doubt the endopsychic perception of bipolarity, then the

obsession represents this bipolarity expressed in contrast ideas. A genuine compulsion neurotic cannot say a fervent prayer. He may be more or less religious, but simultaneously he is also a doubter and in his obedience to God shows an attitude of defiance.

Compulsion neurotics are not capable of genuine affect. They can neither believe nor love completely. Very often a struggle between spiritual and physical love takes place. We know that there is no love without hatred. The normal human being knows how to neutralize this hatred so that it rarely has to be reckoned with as a psychic force. The compulsion neurotic is a powerful hater, his disorder is a hate neurosis. His fate becomes tragic through the fact that he simultaneously loves, or rather would like to love, "the thing he hates."

Yet contrary to the patient's antisocial tendency, there exists a social one, an obligation to love, a burning wish to be well-balanced and to be able to love. The hatred is often withdrawn from the real object and displaced onto a seemingly unimportant one. The compulsion neurosis often begins with a hatred of this indifferent object, while the motive of hatred remains unconscious. Or the patient attempts to rationalize this hatred and does not notice that he really hates a person whom he thinks he loves. The obligation to love weighs heavily upon all these people.

The simplest example is the mother who hates her children because they are in her way or because they remind her of the unpleasant features of her hated husband.

I am here reminded of a woman who hates one of her four children. The motives, which were unknown to her, were more complicated than I can present them here. It was a question of a homosexual fixation to the daughter. She consciously hated a child who displayed certain qualities the patient hated in herself. These qualities reminded her of an unhappy love affair

in her past—and as the last and most important motive she identified this daughter with her husband. Such antipathy for a child frequently breaks out before the hatred toward the progenitor of the child becomes conscious.

The compulsion neurosis presupposes two equally strong part-personalities. One part of the ego must fight the other part of the ego. The stronger the resistance of the ego to the asocial and amoral impulses, the more vehement a struggle will ensue. If the religious basis of the personality is the obstacle to the realization of the impulses, the obsession will turn against religion and God, manifesting itself in the form of blasphemy. Hatred is always directed against inhibitions which prevent the drives from achieving gratification. Parents who have prevented the instinctual (masturbatory) life of the child with strong imperatives frequently share this fate. Insults, devaluational and hostile tendencies increase until the impulse to kill is formed. Such impulses then result in reaction formations, such as fear of knives, fear of entering church, fear of behaving immodestly in church, or the like.

The compulsion disorder then leads to a number of "paradox reactions." Such patients fear that they will not be able to assume the conventional attitude on solemn occasions. During a funeral, compulsive laughter may appear which threatens to break through on every sorrowful occasion. In less severe cases only the obsession may be found and the anxiety of behaving in a paradoxical manner that would make the patient socially impossible.

Whenever the compulsive neurotic is to have mournful associations he has pleasurable ones, and vice versa. At the funeral of a good friend the thought may appear, "It is well that I am walking behind his coffin and not he behind mine." On a joyful occasion dark ideas of impending doom appear. These contrast

ideas always emerge and supplant the feelings and ideas appropriate to the situation.

Analysis also shows that in obsessions we are dealing with an annulment of reality, with an attempt on the part of the patient to correct the past. If our patient who suffers from the idea that he is unable to urinate is analyzed, we can demonstrate that he regrets his past actions and transfers himself, in a sense, back to a time before these actions took place. He is impotent (unable to urinate). Therefore, the affair with the other woman could not have taken place.

An obsession is not always so simple that it can be recognized by the patient. Frequently puzzling word combinations emerge which can only be deciphered through analysis. A woman compulsively repeated the word "Fritzbusse," (Fritz-penitence). She did not know that she had transformed the name of the children's book "Fitzebutze" (a harmless, nonsensical name) into "Fritzbusse." She had deceived her husband with a fellow named Fritz. Since this breach of faith she experienced sexual anesthesia when with her husband, partly due to a desire for punishment, partly because she had experienced more pleasure with Fritz than with her husband. It is not that Fritz was more potent, but the "affect intoxication" which she experienced while committing infidelity increased this "Fritzbusse."

The same is true with obtrusive melodies. They express thoughts, wishes, and reproaches. Frequently the text of the melody is forgotten and the patient is unable to recall it; he does not know why he has to repeat the melody compulsively.

Once in my presence a patient hummed a melody which persecuted her for days and deprived her of sleep. I recognized it as the currently popular song: "I am a widow, a little widow, I am so used to kissing that I cannot stop it." Behind the song there were death wishes toward the husband and the desire to live freely at last, with other men.

These obsessive thoughts and obtrusive melodies are experienced by the individual as painful and tormenting. The secret consciousness of guilt evaluates them as sinful. The conscious ego struggles against this and attempts to overcome the obsessions, replacing them with purposive ideas. The feeling of displeasure associated with obsessive ideas becomes comprehensible if one realizes that one is dealing with reproaches, thoughts and wishes which are hostile to the consciousness. Melodies also stem from an emotional antithesis and serve the purpose of embittering the patient's life. If they cease for a moment the patient has no respite. He knows that they are there; that they lurk in the background of his consciousness and that they wait only for a proper moment when they can possess and torture him.

There are no pleasurable obsessions; they are not experienced as pleasure. If the pleasurable character of an obsession emerges openly, the idea of compulsion disappears. . . . Thus obsessions in women may alternate with a slight tickling in the vagina or in the anus. Then the struggle against the forbidden and inexplicable experiences of pleasure can be waged openly.

All these patients reiterate that their obsessions are driving them to suicide. It is the insoluble conflict between ego and ego (or between ego and id) which only death can solve. Then they might have peace. But these individuals all like to live and defend themselves against their death wishes. *Thus the compulsion neurosis presents a struggle between life instinct and death instinct* of a degree of intensity that is found only in cyclothymia. Obsessive thoughts are frequently accompanied by depression and *taedium vitae*, but the life instinct stands guard and prevents undue development of the death instinct. Nevertheless, there are cases which end in suicide.

I am reminded of the case of a musician, sixty years of age, who during the last two years of his life was haunted by vulgar,

obsessive melodies. The artistically minded man who had composed songs, quartets, operas and sonatas, suffered tremendously from the intrusion of fox-trot and one-step melodies. He was hard of hearing and therefore could not eliminate these inner melodies by listening to good music. Here we see clearly how the split of one's personality creates suffering. He was a homosexual, and did not wish to realize that on his homosexuality was based self-deception. Finally, when he had found fulfillment of his most daring homosexual wishes, the vulgar melodies appeared and drove him to distraction.

The melodies were reproaches which whispered to him that he had gambled away his life, that he soiled it with his vulgar behavior, and that he had never experienced genuine love.

Obsessive thoughts are not mere ideas; they represent a whole system, a *Weltanschauung*. The patient finally lives in a world of obsessions. His values are foreign to reality. This is clearly the case in obsessions which revolve around an individual idea.

Perhaps the following example will serve as an illustration. For years a man, whose obsessive ideas revolve around rats, has corresponded with me. His business activity has prevented him from visiting me in Vienna. He is eager to see me as he can no longer bear life. But it is impossible for him to come to the city. He asked that I treat him by correspondence. I refused this request. One day he appeared in my office. He was an Herculean man in his forties. He had the widely spread idea that rats might bite his buttocks while he was defecating. He never used an open toilet and did not dare to sit on the toilet seat. He eased himself into a cowering position. He anxiously observed the dark hole of the toilet bowl to see whether any rats appeared. He knew the entire literature on rats. He read various newspaper and remembered what he found written about rats. He knew their life habits and often characterized even himself as a rat. "I have to think so much about rats that I

seem a rat to myself." If he took a trip to the country, he was interested in learning all about the local rats and their habitats and how they were hunted down. His entire thinking proceeded in terms of rats. He was a bachelor and sexually abstinent. He had masturbated earlier in his life but recently had given it up. He traced his disorder to the eleventh year of his life. At that time he lived with a forester. He observed that at ten o'clock at night rats went to the brook to drink water. He took a shotgun and fired into the dark pack until it dispersed. The next day dead and wounded rats were found. He had also seen how the peasants poured petroleum on the rats and ignited the petroleum. It was a horrible and yet pleasure-charged sight. Suddenly, while he was relating this story, he faltered in his narration (which betrayed a complicated sadism) and exclaimed, "Save me from suicide. Life is a torture for me. I am an intelligent man and am forced to think of rats all day long. I can hardly do justice to my profession. I would have liked to become a rat exterminator if I had not had such a terrible fear of rats. The sight of a rat makes me tremble. I think I would die on the spot if I were to meet a rat in my room."

He continued in the same vein: Then, he asked the usual question: had I ever observed such a case and was his condition curable? I answered both questions positively, and this proved to be a mistake on my part. He became puzzled, questioned me as to the duration of the treatment although we had already reached an agreement on time during our correspondence. He then took up the question of my fee and said he was unable to pay it. I was eager to treat him, so I offered to reduce the charge and let him pay at his convenience. He proudly refused. The treatment was to start on the following day but instead of the patient a letter arrived in which he stated that he had not time for the full course and that an incomplete treatment would have no value, etc. In brief, he took to flight, probably because

of his fear that I might be able to destroy his peculiar rat world.

Most people keep their obsessions secret, and only relatively few see a physician about them. I have often observed that two people can be married for twenty years without one having the slightest inkling of the obsessive ideas of the other. The husband keeps his secret from his wife; the wife keeps hers from her husband; the friend from the friend; the patient from his physician. I have treated many anxiety patients who kept their obsessive ideas secret until the last moment. If one happens to discover them accidentally, the patients use all kinds of excuses for not having repeated them. They did not think that these thoughts had such importance, etc.

No other disorder demonstrates such an insuperable will-to-illness as compulsion neurosis. This will is derived from various sources. The repression of tabooed events is a therapeutic attempt by means of deception. Just as a merchant accused of double-dealing saves himself from bankruptcy by falsifying his books, so the compulsion neurotic hides the truths which are unbearable to him. Otherwise he would have to announce the bankruptcy of his personality, or admit the breakdown of an ideal, or of a fictitious world which seems irreplaceable to him. If a boy surprises his mother during intercourse with a strange man, he may repress this fact in order to uphold his mother ideal. The destruction of the mother ideal, however, may lead to an overcompensation, that is, to a complete submission to the deity of woman. ("My mother is not a prostitute; she is a saint. Every woman is a saint whom one must serve.") The fear of destroying a parent ideal can be so severe that the patient is ready to renounce the therapy rather than permit his ideal to be shattered.

We must also realize that obsessions carry a secret pleasure premium, that they are a direct masturbation equivalent. Frequently, they are the only pleasure the patient can enjoy. We

find among our patients examples of ascetics, impotent men and frigid women. Occasionally, one specific forbidden pleasure is reserved for the obsessive idea (for instance, homosexuality, adultery, rape, lust, murder). The pleasure premium makes it comprehensible why the patients are so reluctant to being separated from their daydreams.

Some forms of orgasm are painful. The sufferers demand help from the physician, but they do not permit him to effect a cure because their pain means pleasure to them. The complaints of the compulsion neurotic should not lead us to believe that he is really suffering from his obsessive ideas.

I should like to make an heretical statement at this point: No person voluntarily suffers from neurotic pains if these pains are not charged with pleasure. Human beings desire to escape from pain, and unless we are dealing with a somatic disorder every pain in a neurosis has its welcome place. Pains may represent punishment for an old forbidden pleasure; or they may be memory images tenaciously preserved, or they may contain both reproach and pleasure and conceal a wish for repetition of the primary experience.

The compulsion neurotic does not know that he has the ability to annul reality. During her daydreams the compulsion neurotic woman is not married to her rejected husband.

Obsessive ideas may appear as invitations to daydreams. For instance, a frigid woman notices that despite her inner resistance she is approaching orgasm with her rejected husband. Then comes the obsessive idea which invites her to lose herself in the realm of daydreams. She then annuls the fact that it is the rejected husband who gives her the orgasm. It is not he but her infantile ideal or the hero of her daydreams as the reincarnation of the infantile ideal.

It is, of course, immensely difficult to discover the secret pleasure premium which lies behind the obsessive ideas. Let us

consider the peculiar group of compulsive ideas which concern the body. There are people who occupy themselves continuously with a specific part of the body. In one case it is the nose; in another it is the bald head; in a third case the ear, the eyes, or (in women) the bosom, the genitalia, etc. These obsessive thoughts are very tormenting and are frequently connected with feelings of inferiority. The idea, "I have a beautiful nose," can never become an obsession. However, the idea, "I have a nose which is 'too big,' or 'too ugly,' or 'Jewish-looking,' or 'asymmetrical' " can be elaborated into a whole compulsive system.³

There is no obsession which is not the expression of a system. It is, therefore, meaningless to fight obsessive ideas as such if one does not know the entire system of the disorder. The nose, as an obsession, then has to be evaluated symbolically. The patient figures in terms of "nose currency," he thinks in "nose currency"; he does not see the whole world, only a segment of it; he sees only noses which he continuously compares with his own. This disorder occurs more frequently in men than in women, a fact which corresponds to the phallic character of the nose. (*Ex naso viris hastam.*)

Women frequently have the obsessive idea that their breasts are too small or too big. The physician should not attempt to remove an obsession by reasoning. It will be useless. Behind the idea other affects are concealed which have to be discovered first.

Case No. 15. A girl, aged twenty-six, suffers from the obsession that her breasts are overly large and that they are pendulous. She wanted to have an operation done but the surgeons refused. She came to see me because she also suffered from depression and *taedium vitae*. At first she only wished to speak of her breasts and to convince me she was justified in asking for an operation. I

³ This is characterized by Janet as "obsession de la honte du corps."

refused to examine her and referred her to a gynecologist. One day she appeared in my office in a loose dress, opened it, and before I could protest she stood before me in the nude. "Now you are convinced that I have ugly breasts." The fact that I asked her to dress herself again was used by her to construct a new motivation for her wish to be operated upon. If her breasts were beautiful, she claimed, I could not have resisted her charms. After a short period of analysis I learned that at the age of seventeen she, the daughter of a highly respected man, had had a sexual relationship of long standing with a small official. The relationship was terminated when the man left for the war. He did not return. Many men courted her, but she refused to marry. She did not want to expose herself to the painful discovery that she was not a virgin. She also traced her pendulous breasts to copious sexual relations with her partner.

She seemed to have advanced views about sexual relations. She did not wish to marry at all . . . But inwardly she accepted the petty bourgeois morals of her environment. After a short time she discontinued her treatment and went to Berlin to undergo a plastic operation. Later I discovered by chance the real cause of her disorder. The story of the small official was fiction. The seducer was her brother. In reality he was seduced by her, as he was younger. She crept into his bed. The event was found out. Shortly afterwards she became ill with a typhoid infection and suffered from amnesia for several months. The affair with the brother was forgotten. She was seemingly indifferent to him. The petty official became the substitute, the brother image, with whom in her fantasy she maintained the sexual relationship.

Behind the idea of the pendulous breasts we see not only the representation of defloration but also the symbol of a whole system in which the brother (who meanwhile got married) played the major role.

This case was referred to me by a colleague as a case of compulsion neurosis. I found later, however, that I was dealing here with an obsession on a schizophrenic basis. It is peculiar that the patient needed several years after the experience with her brother to find

in the bosom language the symbolic expression of her moral inferiority.

The disorder had broken out after the brother had married. Apparently she still hoped to be able to share his life. Added to this was the fact that the brother had once praised the breasts of his girl friend. He said that a physician had told him that she had the most beautiful breasts he had ever seen and that she could be a model for a painter. The patient had always been unhappy that her own breasts did not project straight forward and thought this to be the result of early sexual activity. "Pendulous breasts and rings around the eyes are the consequence of masturbation," she had read in a book.

We have already emphasized that obsessions often appear when masturbation is discontinued. The obsessive ideas then show a distinct relationship to the masturbation problem. For instance, there is the patient who is worried about becoming bald, who visits all manner of specialists and discusses with everyone methods of preventing loss of hair. This patient unconsciously believes that his loss of hair is the result of a previous masturbatory activity. Most of these patients live ascetically, give up masturbation, and shun sexual intercourse. Obsessions then become their masturbation equivalents. Whenever the act of masturbation is connected with a paraphilic fantasy, obsession represents paraphilia. Occasionally these fantasies are easily recognizable, sometimes they are concealed and can hardly be recognized as erotic in origin.

The obsessive idea regarding ugliness of a part of the body refers symbolically to the patient's inner ugliness; it springs from a hidden feeling of guilt.

Such obsessions may change. In puberty they relate to acne. The patient may believe his disease to be a consequence of masturbation. He may think that the whole world recognizes his guilt. The consequence is a daily inspection before the

mirror, visits to physicians, use of all kinds of drugs, flight from society, and suicide ideas.

Hypochondriacal obsessions play a particularly prominent role when the death clause refers to the patient's own life. These ideas are unusually complicated and frequently their obsessive nature cannot be easily determined. While, superficially viewed, these cases may impress one as pure hypochondriasis, analysis may show that we are dealing here with compulsion neurosis which had its origin in childhood. The absurdity of some of these obsessions, and their characteristic rigidity may lead one to think of a paranoid disorder until analysis reveals the compulsion neurosis. Then one learns that the hypochondriac in his childhood had displayed certain compulsive features, that he had to say certain formulas or do specific things on certain occasions, etc. Even in cases of anxiety disorders it often pays to look for a hidden compulsive neurosis.

I should like to call attention to the fact that monosymptomatic, hypochondriacal obsessions frequently occur in psychotic conditions. In most cases the first diagnosis is compulsion neurosis, and then sometimes after a few years the patient is found to be suffering from schizophrenia. Even the most experienced psychiatrist can confuse the first stages of schizophrenia with compulsion neurosis. The reason lies in the fact that at the basis of both disorders lies the same mechanism of psychic dissociation.

Schizophrenia and compulsion neurosis frequently show the same early history. Obsessive ideas are frequent in schizophrenia while genuine compulsions are rare. The split of personality is found in epilepsy. The epileptic expresses both parts of his ego in succession; the schizophrenic expresses them simultaneously but as isolated units; the compulsion neurotic expresses both parts simultaneously as contrasting forces of the ego.

In all cases of compulsion neurosis we find an early (premature) development of the intellect and an attribute which may be called *split thinking*. We are dealing here with individuals who have a strong instinctual life and whose intellect is far ahead of their years. This premature development leads to increased self-observation and early conflicts. A protective wall of compulsion is erected against powerful drives. Early repressions and annulments lead to doubt and to a reversion of all values and standards.

The danger for the patient lies in the split thinking. Beside the stream of conscious thought there is a second level of the forbidden wishes and fantasies. From time to time they break into consciousness in the form of obsessive ideas. One form of thought is antagonistic toward the other; one feeling is opposed by another feeling; morals by immorality; wishes by counter-wishes. *The antithesis of ego and counter-ego is sharply developed in the compulsion neurotic*; obsessive ideas always represent the counter-ego.

I cannot conclude this chapter dealing with obsessions without calling the attention of the reader to the fact that there also are masked obsessions and masked compulsions. The most interesting form is the obsessive idea of pain through which many a hypochondriacal picture receives its specific character. The patients complain of pain, state that it drives them to suicide, yet they remain attached to the pain which—on closer scrutiny—may prove to represent pleasurable though tabooed memories.

The analysis of these pain phenomena is very instructive and permits a number of parallels to obsessions. The pain may lead to certain tic-like movements and give rise to defensive impulses. Very interesting are the compulsions which attach themselves to certain forms of pain, compulsions which are strikingly similar to the usual behavior of the compulsion neurotic. Such

pain (for which usually no organic cause can be found) then appears as a mask of the obsessive idea. The real idea is hidden behind the pain, so that the patient instead of complaining of obsessions complains of pains. It is diagnostically important that the usual sedatives are always ineffective in these cases or, if forced upon the patient, may lead to narcotomania.⁴

Frequently these pains are accompanied by depression. The patient then may explain that he is depressed because he thinks his pains are unbearable and because there is no cure for them. He also may emphasize suicidal tendencies. The execution of the doctor's orders in such cases often assumes a compulsive character and leads to therapeutic compulsions which are carried out like a rigid ritual. The death clause is not absent in these cases. It is apparently directed against the patient's own ego and expresses itself as hypochondriacal anxiety. What it conceals is the neurotic idea: "As long as I suffer from these pains this or that person will not die." Thus the pains which result from his need for penitence and self-punishment receive a deeper meaning and special importance as lifesaving devices in the patient's magic world of obsessive thought.

⁴ I refer the reader to my paper *Zur Psychologie der Schmerzphänomene, insbesondere des Kopfschmerzes*, Fortschritte der Sexualwissenschaft und Psychoanalyse, Vol. II, 1926, Verlag I. F. Deuticke, Leipzig und Wien.

Chapter Five

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CRIMINAL IMPULSES

Who is a physician? He who makes his patients well. If one wants to be a physician, he must comprehend the object he is treating and know how to manage it.

PARACELSUS

IT HAS NOT occurred to many observers that most children undergo an infantile compulsion neurosis. This fact has induced some analysts, among them Freud, to trace the beginning of a compulsion disorder back to the early age of four or five. An exact examination, however, shows that only a small proportion of these children who show compulsive phenomena later suffer from compulsion neurosis.

It is just these childhood compulsive phenomena which are suitable to clarify the psychogenesis of compulsive phenomena in general. Compulsive phenomena in children arise when their conscience awakens and they express the first guilt feelings.

Rather than repeat what I have said about the infantile psyche in previous volumes, I refer the reader to Volume V of my *Disorders of Instinct and Emotion (Psychosexual Infantilism)*, particularly to the chapters "The Psychic Life of

the Child" and "The Sexual Life of the Child." I mention here only the criminal impulses of children—criminal from the point of view of adults. This infantile criminality finds its articulate expression in fairy tales, something to which Wulffen has called our attention.

The child represents the primitive in us; he shows the animism, the prelogical mystical thinking of preliterate people. He is absolutely egotistical and uses concepts of killing, poisoning, drowning as expressions of liberation from something which inhibits his wishes. Opposing these egotistical and frequently sadistic impulses is the will of educators whose task it is to change the asocial leanings of the child into a more social disposition.

Every human being is subject to the conservative law of inertia: "I am as I am!" The child, too, wishes to remain as it is. The famous question of the child: "Why shall I be good?" is answered by a reference to the reward through God, or by some anxiety formula dealing with punishment.

We should not be surprised if the first resistance of the child is directed against God. God is cursed, first cautiously then more daringly, as soon as the child notices that he is not really being punished by thunder and lightning. It is peculiar that the blasphemies of the child are rarely directed toward the parents but immediately against the highest authority which stands far above the parents.

The child wants to poke, cut, burn, and to wallow in dirt; he is prohibited from doing so. He is held to cleanliness; he has to be nice to his rivals. He is not permitted to speak dirty words, God sees and hears everything. He protects us during the night. He sends angels who stand watch at our bed. He sees to it that our dear ones do not die provided they are included in the evening prayers. What a picture the child receives of the power of God and the meaning of prayer! And God also

he suffered from hunger and thirst. Wherein does this compulsion neurotic differ from a child who has made the same discovery?

The primary training of the child consists in the systematic suppression of impulses. These impulses are almost always asocial. As a revolt against this compulsion the child lives in a world of fantasy in which it can act out its impulses. Compulsion neurotics show the same asocial impulses. As a consequence they are tortured by the fear that they might carry them out and commit crimes.

It is characteristic that these impulses often appear directed against children as if these children, by association, might call forth their own frustrated childhood wishes. Criminal ideas and obscene compulsive acts are reactivations of rebellious infantile fantasies.

Compulsions of adults are often caricatures of former imperatives. A compulsion which appears in the form of a command may be an after effect of the patient's moral upbringing. A compulsion neurotic who has acted out the inner command, "You must keep yourself straight!" reports during analysis that his father always used to order him to keep a straight posture when he walked. This "keeping straight" became a torture for the boy. He envied children who played on the street and kept their bodies any way they wished. Remorse later dictated his father's phrase through the medium of compulsion.

Another patient suffers from the compulsion to be accurate, to reexamine and to correct everything. The idea, "I am not yet finished. I must look through everything again!" bothers him continuously. In his childhood his homework was constantly supervised by his father. Every evening the man came into his room with the question, "Did you do your homework?" Father looked at all the work, corrected mistakes and sometimes the homework had to be re-written. The patient's present dis-

order is a repetition of the tortures of childhood. Only the compulsion neurotic has split himself into father and son.

A girl who suffers from a complicated washing compulsion narrates during analysis that her mother had examined her every day to see whether she had washed herself carefully. The spot behind her ears was considered particularly critical and frequently prompted her mother to reprimand her. In her compulsion neurosis she now has to start washing with her ears, clean them ten times, and then examine them in the mirror to see whether they are really clean.

Another compulsion neurotic developed a complicated ritual for cleaning his teeth. His mother had been a monomaniac in this respect and frequently demonstrated to him how one cleans one's teeth in the morning and evening.

It is, of course, not always easy to find the relationship between a compulsion and the imperative of an educator. The actions are frequently so altered that their origin can hardly be discovered.

Intellectual activity, too, the thinking about metaphysical questions, may have its origin in childhood. Among children there are many ruminators. Many parents suffer under the question mania of children, they become angry and cut the question short. They do not recognize that behind these questions problems are hidden which the children do not dare to express. Frequently there is erotic curiosity: "Where do children come from?" Even adult compulsion neurotics show this mechanism of displacement. The compulsion to question frequently involves metaphysical problems and usually covers deep-lying subjects.

Obsessive ideas deal with "wrong" objects; compulsions are attempts to correct a mistake, something that was carried out at the "wrong" place. A compulsive impulse is usually directed against a "wrong" object. *Only the affects as such are correct.*

The discharge of affects is brought about through the means of displacement.

We must assume that originally the child is able to place his affect correctly. As a consequence of training and the moral imperative, "You must be good!", the first distorted image of himself is created.

In compulsion neurosis man shows his inexhaustible acting ability. But truth cannot be suppressed; it always breaks through the veils of distortion.

In criminal impulses we see this most clearly. It is these impulses which religion opposes most vehemently. Religion is not inborn in the child. It is introduced from the outside. In opposition to this outside influence the child creates his own commandments and his own religion.

Freud was the first to point out the relationship between religious ritual and compulsion neurosis. "Compulsion neurosis is individual religiousness, and religion is universal compulsion neurosis." This statement is only partially correct and Benno Schlesinger² has, without analytic training, logically demonstrated the weak aspects of it. For compulsion neurosis is originally a protest against religion. The neurosis symbolizes anti-religiousness.

The child creates his own religion if one describes religion as the belief in a mystical force. Fundamentally it is the belief in one's self, in the divine in one's self, which expresses itself in the "omnipotence of one's own thoughts."

The compulsion disorder of the child is to be conceived in part as a protest against religion. We must look at the compulsion neurosis of the adult in the same light.

It depends on little signs whether he will have luck or not. But it is he himself who creates these signs. He has his fate in

² *Zwangshandlung und Religionsübung*, Jahrbücher f. Psych. u. Neur. 45 B., I H., 1926.

his hand; he may determine his fate through certain movements and actions, through a gesture, through a formula. He is *autotheos*. He has it in his power to kill people or to save them. Therefore, the compulsion neurosis is directed most vehemently against the command, "Thou shalt not kill!" The compulsion neurotic wishes to kill. He revolts against the law which protects others and deprives him of the possibility of revenge and liberation.

A well-known psychological law states that the repressed forces always fuse with the repressing forces. The religion which is supposed to be repressed and supplanted by the compulsion neurosis persists despite the neurosis, permeates it with its own elements and finally establishes itself alongside the neurosis. Every step which leads nearer to the religious goal has to be paid for with fear of the punishment by God.

Thus it comes about that the patient represents a sort of religious hermaphrodite. He is Christ and anti-Christ at the same time.

He is compelled to laugh during prayer, to express blasphemies, to caricature religious rituals, to produce meaningless thoughts during church attendance, to curse Mary, to ridicule Christ, etc. He shows impulses to do what is forbidden by the church.

No other obsession appears to the compulsion neurotic as alien as the criminal idea. The idea releases a vehement protest in the moral ego of the patient; he struggles against it with all his power; he implores his environment and his physician to liberate him from his predicament.

Viewing the problem in the light of displeasure it can be maintained that the most tormenting compulsion disorders are those in which fear of a criminal impulse dominates the clinical picture. The most frequent form of this disorder is the fear of doing violence to a member of one's own family. Sons fear that

they might murder their father or mother, daughters fear that they might murder their sisters or parents, and mothers are seized with the terrible thought that they might destroy their children. The compulsive impulse to start a fire, to steal, to poison, to open the gas jets may also appear within the context of a compulsion neurosis. Knives, guns, scissors, axes, in short, everything which presupposes a certain aggressive activity seem to be preferred. According to my experience this disorder mostly concerns women. I was able to observe a dozen women to only six men who suffered from this obsessive idea.³

I should like to emphasize here that I know of no case in the psychiatric literature where a genuine neurotic actually executed a crime.

One might state that a neurosis represents a protection against these impulses. The real criminal keeps his plans a secret. The neurotics have the need to acquaint their family and their friends with their disorder. They beg them not to leave any guns or knives within reach. They ask for protection, demand to be interned in order to be protected from themselves. Compulsion neurotics speak continuously about the symptoms. However, if one investigates further one comes to a complicated system of obsessions and compulsions. The systematization is usually kept secret. Only the anxiety-charged symptom of the criminal impulse is communicated to the physician and to others.

We should not omit to mention that many mental disorders of a serious nature show in the beginning the picture of a compulsion neurosis. Schizophrenias and paranoids, alcoholics and dope addicts may under certain circumstances present the

³ "Who can count the patients that wish to murder someone, particularly the mothers who wish to knife their children? During a lecture in the Salpetriere I was able to present five women at the same time who weepingly advanced the same complaint that they were driven by a dark urge to stick a sharp knife into the bodies of their children." Janet, *Les Neuroses*, p. 19.

mechanism of compulsion neurosis. The most reliable means of arriving at a correct diagnosis is offered by psychoanalysis.

Case No. 16. The patient, Anna S., is a twenty-nine-year-old teacher, who looks very healthy. She asks for aid in combating her impulse to murder her stepmother. Both of Anna's parents were of good health, but the mother died shortly after giving birth to Anna's brother who is two years younger than the patient. Ten years after the mother's death the father remarried. He has now been dead for several years. Anna makes no complaints about the stepmother who has always been kind and like a real mother to her.

The patient can not recall any serious childhood illness. She was always an obedient child, but she was sensitive and her feelings were easily hurt. She was grieved when shortly after his second marriage her father placed her in a convent. There she received a very strict religious training. Sex was regarded as the greatest sin. The girl had begun to masturbate at an early age, and religion proved a means of combating this habit, though the struggle was severe and involved. Thus the conflict between religion and sexuality developed.

Anna visited her home only during vacation periods, and she envied her brother who lived with his father and stepmother all the time. During early childhood her relationship with her brother was not good but it improved during puberty and eventually became a very close, friendly one. They are now very fond of each other.

At seventeen she left the convent and entered a teacher's college. She was now troubled by sexual ideas which she regarded as sinful, and because of her fear that others might suspect her thoughts, she suffered from erythrophobia. The advances of men frightened her so much that she avoided being alone with members of the other sex.

Since childhood she had had compulsive neurotic symptoms in protest against religion and subsequently an exaggerated observance of religious laws. When she was six years old she punished herself by not eating her favorite dishes; later at the convent she

acquired a washing compulsion and performed all sorts of ritual which, however, were never developed into an actual system.

When Anna was twenty-five, she made the acquaintance of a teacher who was employed at the same school. Her stepmother warned her of this man, told her that he went around with loose girls and that he was sure to have bad intentions. Consequently, her behavior toward him was so reserved that he became encouraged to even greater efforts to break her resistance. He was a free-thinker and loaned her several of Haeckel's books which completely changed her views and turned the pious girl into an atheist. When the man asked her to make an excursion with him, her principles weakened. She asked for a few days' time before she would give an answer. She went home to get her stepmother's opinion. The woman, who was homosexually fixated on Anna and very jealous, advised her against the trip. The young man was hurt and broke off the relationship. He went to another town and a year later Anna heard that he had married a teacher there. She then brooded, reviewed her behavior and examined every word she had spoken to him. She tormented herself with reproaches for having missed her chance of happiness. She placed part of the blame on her religious upbringing. She frequently had blasphemous thoughts.

She was getting older and thought that the opportunity to marry might never come again. It never occurred to her that her unhappiness might be due to her stepmother's intervention. She blamed religion for everything. Then one night she awakened from a dream in which she had seen the teacher and his wife in bed, kissing each other, and she had envied them intensely. The thought suddenly flashed through her mind "It's my stepmother's fault! I must repay her!"

In her imagination she saw herself attack her stepmother with a kitchen knife and stick the knife into the woman's breast. Since the night of this dream she was troubled with the idea of murder and the fear that she might carry it out. She was desperate and wanted to commit suicide. Her doctor recommended analytic treatment.

The analysis revealed strong homosexual ties to the stepmother and Anna's suspicion that her brother and the stepmother were

having an affair with each other. Anna was strongly tied to her brother and could not tolerate his affection for the stepmother.

The patient had herself transferred to a secluded country village in the hope that the new environment would help her fight off the compulsive idea. However, it grew steadily worse. She was still in touch with the object of her idea, for she went home every Sunday. A vacation which the school physician prescribed for her brought the compulsion to full development.

After six weeks of analysis the patient's criminal impulses disappeared. Anna became much calmer and was fully satisfied with the therapeutic results. Two years later she had a slight relapse because her brother became engaged to one of the girls she had known in the convent. Anna quickly recovered after two weeks of treatment.

Her attitude towards religion was particularly interesting. Her atheism and monism were only a weak intellectual superstructure for her deep-seated religiousness. As is the case with all these pseudo-atheists, she admitted to me that at night she had the habit of saying a childhood prayer to be able to fall asleep, and that she went to church because she "liked organ music," etc.

As a child she had implored God to deliver her from her masturbatory impulses. God did not accede to her prayers, however, and this was the first time she rebelled against Him. At first she doubted in God; then her Father Confessor told her that her heart was not pure enough and that this was the reason why God had not listened to her. She intensified her prayers—in vain. Later she became an atheist, but she combatted masturbation on ethical and aesthetic grounds. The fact that I was able to reassure her regarding masturbation greatly contributed to the success of the treatment. The stepmother first precipitated the violent struggle against masturbation in the passionate child. Anna's hatred against her derived from this first experience of having been denied the pleasure of masturbation.

It is characteristic of these compulsive trends that they are often directed against persons who are loved. Exaggerated

love may easily turn into hate. It is the unfulfilled part of the demand for love that makes love turn into hate. It is unfulfilled because the instinct ego desires an instinctual gratification while the partner is able to satisfy only the needs of the ideal ego. Unrequited love then arouses murderous impulses which also serve the purpose of liberating the patient from the desired object which he cannot conquer.

In Anna's case another factor to which we have not paid sufficient attention also played an important role. She stood between two love objects, brother and stepmother. She was jealous of both. She could not bear it when they were affectionate with each other and often she tried unsuccessfully to turn them against each other.

We often observe the occurrence of criminal impulses when the compulsive individual wavers between two love objects. Anna had to choose between brother and stepmother. One had to die so that the conflict could be solved.

Wavering between two love objects may play a role in the psychogenesis of doubt. We have heard the absurd question children are often asked: "Whom do you love more, father or mother?" Bright children avoid committing themselves and reply, "Both." Much more frequent than the wavering between father and mother is the conflict between mother and another person to whom the child is entrusted (nurse, aunt, grandmother, etc.). I repeatedly found this constellation in the family history of compulsive neurotics suffering from doubt. The following case belongs in this group.

Case No. 17. A thirty-five-year-old man consults me because of his compulsive impulse to kill his aunt. In fantasy he smashes her skull and this evokes the picture of a pumpkin smashed with a club. I learn that his aunt prevents him from marrying and setting up a home. His mother is dead and he always turns to his aunt for

advice. He does not dare to make a decision of his own for fear that he might err and the aunt might scold him. Now they act out an old game: she never likes a girl who is attractive to him, but she suggests other girls whom he dislikes. In this way they have gone on for many years. Neither is aware of the fact that they are both doing everything possible to prevent marriage. They are fixated to each other and unable to sever the bonds. The patient feels that only his aunt's death could solve this conflict.

He suffers from severe doubt. From his anamnesis I shall mention only the fact that he was brought up by both his mother and his aunt. After his aunt's marriage he lived at her house for six years.⁴

Case No. 18. A 32-year-old woman suffers from the obsessive idea that she might stab her two beloved children to death, or that she might throw them out the window.⁵ She does not dare pick them up because the impulse to drop them out of the window may overwhelm her. Neither knives nor scissors must be in the room. All pointed objects must be kept locked up; they are taken out only when they are needed and then they are immediately locked up again. The key to the drawer is in the custody of the patient's husband or of the elderly, reliable cook.

A severe conflict exists between the husband and the patient's mother. The latter frequently came to the patient's home, tried to give orders, and caused dissension, until the husband forbade her to come into the house again. Intellectually the patient is entirely in agreement with her husband. But emotionally she is tied to her mother and is unable to sever these ties which she describes as

⁴ In his study, *A Childhood Memory of Leonardo da Vinci*, Freud describes a similar constellation—factual mother and foster mother, and the emotional consequences of such a situation.

⁵ In Italy, a mother who looks at her child with an expression of exaggerated love, is told: "Careful of the evil eye!" Among the Persians, the mother's eye may unwittingly become dangerous for her child. In Bohemia, parents must not show any pleasure when dressing their children because that might harm them. This is the basis for the widely spread belief that children should not be measured or weighed; the parents might be too pleased about their progress and in this way the children might be harmed." Dr. S. Seligmann, *The Evil Eye*, 1.

"something physical." The impulse to murder the children derives from the suppressed formula, "If I had no children, I could go back to mother."

Similar cases may be found in earlier volumes of this work. It is noteworthy that this woman loved her husband. What took place was a struggle between heterosexual and homosexual tendencies, between present and past, between mother's love and child's love.

In the conflict between husband and mother, she chose the only way out: "Neither of them should die. If the children die, I will be free." The criminal impulses were displaced from the husband to the children.

A counterpart of this was provided by the husband who stood between his mother and his wife

A similar conflict between love for mother and love for wife may also lead to homicidal impulses, as is shown by the next case, which I present in an abbreviated form. (Most of the cases I have presented briefly may be found in detail in earlier volumes. This also applies to the following case.)

Case No. 19. The patient was a forty-two-year-old civil servant, who begged for help in the following matter. He was married to a woman he loved, yet he had the impulse to kill her. He saw no other solution except to confide his impulse to his wife, who smilingly told him that she was not afraid. But he kept on tormenting himself and his wife and was close to suicide. The analysis revealed that he lived with both his wife and his mother, and that the two women were unable to get along with each other. One of them had to be "sacrificed." Since the murderous impulses were directed against the wife, it appeared that his mother held more attraction for him. It is interesting that the mother, referring to his wife, once suggestively remarked, "Anyone else would have killed her long ago." After two months of analysis the patient recovered completely.

In most cases of criminal impulses I was able to establish the presence of a conflict between the family and the object of

hate. The alter ego then takes the part of the family, and its hatred reproduces the family's hostile attitude.

The following case is interesting because obsessive ideas developed long before the criminal impulses and heralded, as it were, later developments.

Case No. 20. About four years ago the civil servant Arnold G. consulted me because of criminal obsessions. He was afraid he might murder his wife. He described the development of his illness in the following words:

"As a child I was always spoiled and pampered, a fact for which a severe childhood illness probably was responsible. A few years before the outbreak of the War I met a relative of mine whom I later married. Even before my marriage my parents opposed the relationship, and my mother in particular felt that she could not accept her future daughter-in-law because she was a relative. To this the fact was added that as a result of my upbringing, I found it difficult to detach myself from my mother and I was more inclined to fulfill one of her wishes than one of my fiancée's. I also hoped that my situation would improve if I gave in to mother's wishes. Later, my parents became financially dependent upon me. The situation grew steadily worse since my mother resented the financial sacrifices which the obligations to my wife might entail for her. Thus I felt a certain inner resistance against my marriage in spite of all my love for my fiancée. I first noticed this resistance in a streetcar and at that time was unable to find an explanation for what was happening. Whenever the streetcar passed a certain spot, I was able to see quite distinctly the house where my fiancée was working. Every time I passed, the most outrageous insults against my fiancée came to my mind. At first they lasted only a short time, but later they lasted longer and longer. My work at the office definitely suffered from this, and I began to lose interest in my work.

"Some years later, after I had again and again postponed the wedding for more or less valid reasons, I finally married my

fiancée when she threatened to break off our relationship. Shortly after I was married, the obsessions to kill her developed.

"I recall when they first occurred. My wife was standing on a ladder, when I suddenly felt the urge to push the ladder in such a way that she would fall backwards. This thought was accompanied by the idea that she would die of concussion and that I could not be accused of killing her deliberately. Later every instrument seemed to serve the purpose of murdering her. I thought of stabbing her to death with a knife or a fork or of breaking a glass or a bottle over her head. When there was a shortage of fire-wood during the War, I bought a quantity of round timber. All week I was looking forward to Sunday when I would cut up the wood in the cellar; I found that every piece of timber represented my wife's head, which I was able to smash with the axe—in effigy.

"When I was at home with her in the evening, I always felt the urge to strangle her. All other obsessive thoughts were pushed into the background. Whenever their intensity lessened, the insults returned as obsessions. In the beginning the type of obsessions was rather mild, but its severity increased daily and reached its climax when my wife once was (helpless) in bed, suffering from a painful period. Then these obsessions became so strong that I began to perspire and to tremble all over and could think of no other solution than to warn my wife of the danger she was in. After this confession I was able to return to my work calmly because I was convinced that my wife, having been warned, would be careful and defend herself in case I were to attack her.

"My condition grew steadily worse. I became afraid of going home at night...I might carry out my plan... Every object I touched directed my thoughts toward the murder I planned to commit on my wife.

"My analysis was a complete success. I recognized my secret wish to return to my mother and realized that in my hatred I identified myself with my mother. I was happy when I noticed that the evil demons began to leave me. I was hoping for a happy marriage.

"Unfortunately, I had told my wife all about my criminal

thoughts. She became so anxious that she stayed awake all night for fear I might strangle her in her sleep. She refused to have intercourse with me, so that I had to resort to masturbation in order to find gratification. She could not embrace me. She had lost every feeling for me. Even after I told her that I had recovered and that I no longer had any obsessions, she was unable to have sexual relations with me. Whenever I came close to her, she began to tremble all over. After a long period of struggle there was nothing left for me but to divorce my wife..."

A year after the divorce the patient came to see me again. His situation had turned from bad to worse. His wife had retained their apartment so that he had to move back to his mother. This had always been his secret wish. In the meantime, however, his brother had married, and because of the housing shortage, had also come to live with the mother. The patient suffered considerably because his mother and his brother's wife could not get along with each other. In this way he re-experienced his conflict though in another form.

At that time, obsessive ideas recurred so that he had to start treatment again, which is still in progress.

The following case, presented by Janet, contains a sample collection of compulsive neurotic symptoms and in addition a number of wise observations by the French scientist.

Case No. 21 (Janet, *Obsessions*, Observation 204.)

"A sixty-one-year-old woman suffers from obsessions of killing someone. (Her age is remarkable. With the exception of a 76-year-old man who had a mania to find suitable words, I have never seen a patient who has reached the age of 60.⁶ Most of our patients were between twenty and forty years old so that we gained the impression that mostly younger people are afflicted with compulsion. The present case proves that compulsive neurosis also occurs in

⁶ I have observed a woman of seventy-six who suffered from a genuine compulsive neurosis, and also an eighty-three-year-old man, who showed distinct compulsive symptoms, in addition to anxiety states.

persons who are past the peak of life. It is also interesting because it shows us how these cases develop with advancing age and what the fate of compulsives is.)

"The patient is afflicted with an inherited disposition to mental illness. One of her uncles died in an insane asylum; her father was a misanthrope and died at the age of twenty-five. She was never a happy child. When she was eight, she suffered from unrest; during puberty she had anxiety states of an unexplained nature: she was afraid she might do something wrong, say ugly words, set fire to the house, throw herself under a bus, etc. These crises did not last long; sometimes only a few days, sometimes several months.

"At the age of twenty-two, after she had given birth to a child, her condition became chronic and has remained unchanged for forty years. She always had the same symptoms: a feeling of inferiority and dissatisfaction, a sense of automatism, anxiety states, and criminal impulses. She complains: 'It seems to me that I want to kill someone, that I want to hurt the children.' Up to the age of forty she kept very busy, a fact which had a beneficial influence upon her obsessions. Then she retired from her activities with the excuse that she could not handle work anymore and that she always felt tired. This fact greatly contributed to the development of the disease.

"The patient suffers from an *arthritis deformans*. Her fingers are crippled and she walks only with great difficulty. This illness had an evil influence upon her compulsion. It provided her with an excuse not to work and to avoid any kind of physical activity.

"The characteristic feature of the development of compulsions in later years is the *generalization* of the symptoms. The obsessive ideas arise at every opportunity. Formerly, only the sight of a knife gave her the idea that she might kill a child, or some other person, with it. Now the patient must not even see children—she is afraid she might kill them. She must not see flowers because there are red ones among them—and red is the color of blood. She must not see trees, because the branches are clipped with scissors or with a knife. She cannot see her son because he once wore a red tie.

"Unfortunately, we provided her with a nurse whose name was Marie Antoinette. To this name the patient associated the guillotine. Consequently, she is unable to tolerate a nurse or a maid near herself.

"The compulsion reached a degree of severity bordering on insanity. Marie Antoinette put an object on a chair. The patient's son sat in the chair. Now this chair and all others in the room are tied up with associations of murder, i.e., they are infected. Every seat reminds the patient of the guillotine. Such complications occur every day. The patient cries with despair because all this happens to her; because she is the only one to have a nurse by the name of Marie Antoinette....

"'Everything happens to me. Had my son changed his pants after he sat on that chair he would not have infected all the other chairs; then I could still use the room. Now the whole room has become useless. I must have another room, then everything will be alright.... No, nothing will change with a different room.'

"Before the episode with Marie Antoinette, there are similar dilemmas. The patient invents explanations for the unfortunate events, but actually she seeks pretenses, she invents incidents which she can tie up with her old ideas.

"The consequences of this generalization of fear are remarkable. Every obsessive idea suppresses an action. In my opinion, the illness began with her reluctance to do something. At first there was only the inability to handle knives and scissors; but since then there are many more actions which she has to suppress.

"Some years ago the patient drove along a road where a gardener was clipping branches off trees. Since then she can use roads only where there are no trees. It happened that her carriage passed over a piece of red paper. Since then she feels that she must not go for a ride in the carriage or for a walk. Some time ago she was still able to see her son; since he wore that red tie he is not permitted to visit her. Since the incident with Marie Antoinette, she refuses to have servants. We once found her standing helplessly in the middle of the room. Her arthritis makes it impossible for her to sit down by herself. Yet she won't let anyone help her.

"With all this the patient is intellectually entirely normal. She is remarkably intelligent. She smiles over her own foolishness, she feels more contempt for herself than we ever could, yet she cannot control herself. She refuses to have her nails cut, while she regards this condition as disgusting. But there is a deep gap between her intelligence and her will. She lives outside of reality and has now arrived at a point where it has become impossible for her to carry out any action whatsoever.

"Compulsions do not terminate in insanity. They end in a dissociation of will, a disturbance or total suppression of the patient's ability to act. All these patients withdraw from social life. They lose their contacts, they imprison themselves voluntarily, and in their seclusion they reduce life to a state of vegetating. Often they arrive at a state of almost complete immobility."

I have presented this case here because it is an excellent example of how these patients punish themselves for their criminal impulses with self-imposed deprivations. They do not regard internment in an insane asylum as punishment or injustice. They feel that there they are protected, and they thus save themselves the necessity of self-punishment.

Therefore, it remains the aim of treatment to make the patient sociable again as quickly as possible and to counteract this tendency toward isolation. The danger of the disease lies in the generalization of the symptoms. We can see, however, that the disease spreads in accordance with the law of the least resistance. Some compulsives spare a certain member of their family who refuses to be pressed into their service, while they torment the rest of the household. We may observe, for example, that compulsives avoid the father while they perform their entire repertoire for the mother. Economic conditions are also a decisive factor. Compulsion may give way under harsh necessity.

The disease develops more readily in wealthy individuals. They approach the state of isolation very quickly while with persons who have to work hard to earn their living the progress of the illness may be slow. Their condition remains unchanged or it may even improve temporarily; it disturbs them in their work but it does not render them incapable of working. However, as soon as there is a member of the family who is able to provide for the patient, the inertia component becomes more pronounced. The progress of the disease is dependent upon the economic needs.

In the case of Janet presented above we encounter for the first time the phenomenon I would like to describe as *mystical infection*. It is actually a law, which has the following wording:

Anything that can be related to the obsessions is included in the pathogenic complex. If a taboo exists concerning certain objects, everything associated to the object also becomes taboo.

Janet's patient is afraid of the homicidal impulse. In murder blood flows. The red tie reminds her of blood. Her son who wears a red tie becomes taboo. The son sits down on a chair. The chair becomes taboo. The chair is next to a table. The table becomes taboo. The chair stands in a room. The room becomes taboo. The room is in a house. The house becomes taboo. Thus, the association may go on and on and eventually may force the patient to leave the town.

The patient tries in vain to escape her associations. She regards the criminal thoughts as an infection. Every thought which joins the murderous idea in an infinite "chain," can spread the infection.

This mystical infection applies not only to thoughts. In many cases we encounter the fear that a real, unknown, terrible poison may be spread.⁷ This indicates the presence of the

⁷ Compare the following notes by Seligmann: "The two inquisitors for Southern and Northern Germany, Heinrich Justitoris and Jakob Sprenger,

poison complex in the compulsive, which will be discussed in a later chapter.

In the beginning this mystical infection may manifest itself only in minor symptoms and may refer only to certain poisons. (Also interesting are cases of compulsive neurosis with fear of tuberculosis, hydrophobia, septicemia, syphilis, etc.). In back of the fear we will always find the *leitmotif* of death.

This may go so far that the patients anxiously avoid every association to death. The word death must not be mentioned; they won't walk through streets where they might encounter funeral processions; they won't move into a house where someone had died. I knew such a patient who moved into new

wandered as witch hunters all the way through Germany, leaving behind them indescribable suffering, wailing families, and charred human bodies. These two mass murderers wrote, as Hauber says, the most terrible of all books ever published, as the keystone for a structure of superstition on which many centuries had worked: in 1487 the *Malleus Maleficarum*, or *The Witches' Hammer* was published, a medley of spite, stupidity, cruelty, hypocrisy, malice, uncleanness, fantasy, empty phrases, and fallacies. In this book, the evil eye is frequently discussed: 'It may happen that a man or a woman while regarding the body of a boy may excite him by transmitting simply the sight and the image, or some sensual passion; since the latter is accompanied by a physical change and since the eyes are very sensitive—for which reason they easily perceive impressions—it may happen that through inner excitement the quality of the eyes may become bad. A certain fantasy is chiefly responsible for this; its impression is quickly reflected in the eye either because of its sensitivity or because of the fact that the seat of the senses adjoins the organ of fantasy. If, however, the quality of the eyes has become harmful, it may happen that they turn the quality of the neighboring air into an evil one; this part of the air infects other parts, and so on, until the air which is closest to the eyes of the boy upon whom one is looking is reached. Occasionally, this air may be capable of changing the boy's eyes into another bad quality and via the eyes other, inner parts of the boy. Thus, he becomes unable to digest foods, to grow and develop. This has been proved by experience since we have observed that a person suffering from bad eyes may sometimes damage by his look the eyes of a person looking at him. This is due to the fact that the eyes afflicted with the evil qualities infect the air and that the infected air infects the eyes which are directed at the patient. Thus, this infection is directly transmitted to the eyes of those who look at the patient; the imagination of those who believe that they can be harmed by the sight of sick eyes greatly contributes to this. All this is the work of a demon who uses witches only as tools for causing evil.'" (Dr. S. Seligmann: *The Evil Eye*).

houses only when he made sure that there had never been any dead in that house. If one of the tenants died, he changed his apartment the same day. During the War this became impossible. He suffered a great deal under this restriction, but the disease did not get worse, while in peacetime it might have led to the patient's complete isolation.

Janet rightly observes that his patient's condition became worse when she gave up working. Ali compulsives strives to escape from social responsibilities and to live in their world of fantasy. Often the illness gets worse after a vacation during which the patient had been able to live only in his fictitious world. Janet's patient had an excuse, her arthritis. Yet this disease is known to be badly affected by inactivity. We may ask ourselves whether the arthritis in this case was not based on emotional factors. A case published by Sonnenschein⁸ confirms the important role played by psychic mechanisms in joint diseases.

It is the foremost task of the psychotherapist to counteract the trend in the patient toward isolation and generalization of his symptoms.

In many instances I succeeded in accomplishing this goal. Follow-up examinations have shown that it is almost impossible to obtain a complete cure in cases of compulsion neurosis. The patients retain larger or smaller remnants of their illness so as to be able to fall back on them when confronted with new difficulties.

It would be a thankful task to keep track of the fate of compulsives and to observe them over a lengthy period of time. But alas! Only rarely do we have the opportunity to observe a patient over a period of sixteen years, as I was able to do

⁸ *Fortschritte der Sexualwissenschaft und Psychoanalyse*, published by W. Stekel, edited by A. Missriegler and E. A. Gutheil, Vol. 11, Deuticke, Vienna, 1926.

with the one whose case follows. The therapeutic results achieved in this instance are also remarkable.

Case No. 22. The patient is thirty-three-year-old Bertha, the daughter of a physician, who brought her to me because she was suffering from a compulsion neurosis. There was no record of mental diseases in other members of the family. Physically the patient had always been well, although she looked rather weak and anemic.

The following history was written upon my request by the patient herself sixteen years after termination of her analysis.

"I have always suffered from states of depression which sometimes were so severe that I felt like committing suicide. However, my illness actually started when I was about 14 years old, with an anxiety attack in the street.

"I remember that I was passing by a watchmaker's store. The owner's name was *Kaltenberger* (literally: 'Cold Hill'). He was a hunchback and walked with the aid of crutches. Next to the store there was a pharmacy. In that instance I was seized by fear of fainting. My mother and my older sister were away on a trip at that time, and I was left alone with my father and an elderly cook who had been with us for several years. My father was very busy with his practice and the cook was—as a rule—unfriendly. Thus I felt lonesome and often cried for no apparent reason.

"The anxiety attack repeated itself, and as the anxiety increased in intensity, I became afraid of going out by myself, or even in the company of my mother or sister. I belonged to a church choir and I also liked to play tennis, which I did rather well. However, eventually I gave up both these activities because I was ashamed of and annoyed by the fact that I always had to be accompanied by my sister.

"I was afraid that I might suddenly scream in the street or during a rehearsal, or that I might behave strangely in some other way. At that time I wanted to be a nun. I thought it would be wonderful to live in a convent since nuns were not permitted to go for walks and always went around in groups.

"This condition lasted for about three or four years. It was worse when I was home. When I was with relatives or strangers, I was often able to control my agoraphobia, because I was ashamed of it.

"When I was twenty, my sister got married. A few months later I went to visit her with my mother in the town to which she had moved. Strangely my memory of this visit is very vague. I only recall that when we returned home again, I was inexplicably excited and very irritable. I cried easily and would retire to my room for many hours.

"A few months later I was to go and see my sister again. I was supposed to take the trip in the company of an elderly gentleman whose family was treated by my father. The night before I was to leave the thought occurred to me that I was going to kill my sister. My sister used gas for lighting at her home and I imagined how I would sneak into her bedroom and turn on the gas jet. Then she and my brother-in-law would suffocate.

"I also imagined that I might stab her with a knife which her husband had given her as a gift. I wanted to thrust this knife into her heart. I am not sure if I also thought of stabbing my brother-in-law at that time, or whether the thought occurred to me later. I chiefly remember my fear that I might put into action the murderous thoughts regarding my sister. I was so terrified that I saw no other way out except to tell my parents of my homicidal ideas. I believe they only gave me some vague answer and asked me if I would rather not take the trip.

"I am very confused regarding the events during that period. I cannot (or maybe I don't want to take the trouble to) recall whether I myself told my sister of my obsessions or whether she heard about them from my parents. In any event she was aware of them. I can only remember that whenever I was supposed to go and see her, or whenever she came to visit us, I was afraid I might harm her.

"My parents made many attempts to help me. They sent me from one physician to another but with little success. One of my doctors was a neurologist who was a very kind man and who

treated me for a long time free of charge, but he too failed to improve me. He recommended that I spend the summer at P., and that I consult Dr. B. there. Dr. B. used suggestion as a means to induce me to overcome my agoraphobia. He saw to it that I went out by myself. In that he was supported by his wife, who was much younger than he and a very clever and attractive woman. As long as he treated me I felt much better, but the effect of his therapy was not a lasting one.

"I went to Dr. B. for two summers. He died the last time I was there. That year I had gone to P. in May or June and Dr. B.'s death occurred in November. I think I would have stayed even longer had he not died. His wife was very eager to keep me there. Besides me there was a man at the sanitarium who suffered from symptoms similar to mine. It was a known fact (and I am sure Dr. B. was also aware of it) that this man was Mrs. B.'s lover, and I believe she wanted me to stay on so that that man's presence after the end of the season would not attract so much notice.

"At that time I was tormented by the fear that I might have put poison into the food. (Primarily this fear referred to my sister, but later included all the residents of the sanitarium.) I was afraid of remaining alone in a room where there was food on the table: I might poison it or people might think I had poisoned it. While I was at P., I had always been afraid that Dr. B. would die during my stay there, and that people would say I had killed him. After his death, the idea that I had poisoned him promptly took root in me, and even today, after sixteen years, I occasionally wonder about it still. I had these thoughts only in connection with persons I was fond of.

"Another annoying feature of my illness was that I had no ego feeling, i.e., when I thought of it, I somehow had no feeling of myself, I was unable to become aware of myself.

"Several times my sister as well as my parents arranged for me dates with men for the purpose of facilitating marriage. However, nothing ever came of it—I never liked the men they introduced to me.

"When my father was transferred to a small town where I knew no one at all, my condition became so bad that as a final attempt he took me to Vienna to consult Dr. Stekel.

"Under his care I improved remarkably. Right from the start he made me come to his office by myself, without using the streetcar. It was difficult, but I managed it. He recommended that I take a course in typewriting and about five months after I had started treatment, I was able to look for a position as a stenographer.

"I was greatly relieved to be able to talk to Dr. Stekel freely about matters pertaining to sex. I believe that he was the first person (aside from some girl-friends in my childhood) with whom I could openly discuss these things. This helped me tremendously.

"After a few more months of analytic treatment, I recovered sufficiently to be able to work continuously, with the exception of a few months when I was operated on for a uterus fibroma.

"I always did, and still do, suffer from a number of minor compulsions. When I lived at home, I had to check the light innumerable times to see whether or not it was turned off. This I did by opening the door to the room and staring inside without being able to become aware of whether or not the light was burning. I was unable to put a letter into an envelope unless my mother or sister had read it and had reassured me that I had written nothing that would embarrass me or that would betray my illness. I also had to convince myself by a careful inspection that the envelope was empty. I always avoided encounters with policemen—I disliked them very much. Whenever someone passed me in the street, I had to follow him with my eyes until I lost sight of him. Then I had to trace with my eyes the stretch he had walked so as to make sure that he was not lying there dead or wounded. Whenever I took something out of my pocketbook I feared that I had dropped something else out of it. For a long time I was unable to throw away a streetcar ticket before I had inspected it numerous times and satisfied myself that it actually was a streetcar ticket and nothing else.

"When I urinate before going to bed, I must make sure that

there is no blood on my shirt. Then I must examine my right breast for any change in the tumor I have always had there. Next comes the left breast. (I am afraid of cancer.) Then I inspect my abdomen, where a scar (from my operation) runs practically all the way across my body, in order to convince myself that there have been no ominous changes there and also that I have no hernia. This I also do after masturbation, because I am afraid I might have injured myself by masturbating.

"After I have gone to bed, I must stare at my watch as well as at the alarm clock and impress upon myself the exact time. I must also listen to both clocks to make sure that they are going. I always have difficulty in determining whether or not the door, the window, or the cupboard are locked. One of the most troublesome procedures is the turning off of the gas jet and the locking of the gas meter before I go to bed. I must check them over and over again before I can satisfy myself that they are safely turned off.

"The following compulsive action also bothers me a great deal: before I can get up in the morning, I must say a prayer. Originally I used to say this prayer (which actually is an evening prayer) at night before I went to sleep. That way, however, it took me a very long time before I could fall asleep; I was not permitted to do so unless I could say the prayer without thinking of anything else, and especially not of certain female persons. Therefore, I now say this prayer before arising. I must not open my eyes before I have completed it. After the prayer I say 'Amen,' stretching myself and breathing deeply. I must raise myself in this position, i.e., with my arms held close to my body and without supporting myself. Only recently have I permitted myself to support myself with the elbows.

"Even after the completion of my analysis I was never entirely free of my compulsions and obsessions, but I was able to lead a fairly normal and regular life."⁹

⁹ The report of this patient is all the more interesting since she regarded herself as cured for many years following her first analysis. Whenever my colleagues asked me if it was possible to cure a compulsive neurosis, I presented Bertha to them because I was very proud of the success I had achieved with her.

I published the following report in the *Zentralblatt für Psychoanalyse*, Vol. II, 1912, sixteen years before the patient herself wrote the above history, and I am presenting it here without any alterations. A comparison between this paper and the patient's notes should be of special interest.

About A Ritual Before Going To Bed

In the May issue of this Journal, Abraham described a strange ceremonial, which neurotic women perform before going to bed.¹⁰ My experiences confirm Abraham's statements regarding this importance and meaning of this ritual. I wish to add only that *all* neurotics perform certain procedures before going to sleep. Most of them have a special way of arranging their clothes, or they can fall asleep only after having spoken certain formulas. Many of them must say some prayer or make some pious wish. The prayer is in most cases a request that no accident may occur to any member of the patient's family. Thus the prayer serves to convert into blessings the original death wishes. Other patients must or must not think of a certain thing in order to ward off some disaster threatening their family.

Most patients employ old children's prayers for this purpose; even persons who consider themselves enlightened and mature. I have also known outspoken atheists who prayed be-

¹⁰ Abraham describes two women who every night expect death and accordingly prepare themselves for it. He calls this the "death-bride ceremonial." One of the women combs her hair very carefully in the evening and decorates it with a white bow. She often awakens during the night and rearranges her clothes. Abraham arrives at the conclusion that she expects the visit of her father who died when the patient was in puberty. She arranges her hair in the same fashion as she wore it at that time.—The other case is similar. This patient lies on her back, crosses her arms over her chest and remains in that position, moving as little as possible. She identifies the bridal bed with the death bed.

fore going to bed "out of habit" or "so as to calm their nerves," or for some other rationalized motive.

It is a strange fact that in addition to the death clause we can also find a religious component. Many (perhaps all) compulsions are substitutes for prayers, and in many cases the prayer itself constitutes an obsession or a compulsion (Freud).

The following is the analysis of a 33 year old woman who suffers from the obsession that she might kill her father, her mother, or her sister. Her criminal ideas concentrate especially upon her sister. This patient had a certain ritual before going to bed, which I present in her own words:

1. Before Going To Bed.

"When I enter my room at night, I take off my clothes and my shoes and clean them. Then I open the window and go to the bathroom. This takes a long time because I can never determine whether or not I have finished. Although I very rarely have a bowel movement at night, I must press again and again so as to convince myself that my bowels are empty. It takes me just as long to reassure myself that I have finished urinating.¹¹ Then I must make sure that no paper sticks to the sides of the toilet bowl. If there is some, I push it down with another piece of paper. Next I must see that there is no blood in the toilet and that it is generally clean. After I have switched off the light, I must open the door again several times in order to convince myself that I have actually turned off the light. When I close the door for the last time, I must check whether it is properly closed.¹²

"Then I walk through the dark hall, which forms a knee, to

¹¹ During all compulsive actions, I hold my breath, or I breathe irregularly, either very deeply or very quickly.

¹² My finger must hit the exact middle of the board.

the door of my room at the end of the other side of the right angle. When I am opposite my door I must be able to see distinctly the strip of light under the door. If I don't succeed in this the first time, I must go back again and again until I can see the light.

"Then I lock my door. I make sure that the door is locked by pressing the handle. This takes relatively little time. Next follows the closing of the window which takes up most of the time. For I am unable to ascertain whether the lower as well as the upper hooks are tightly closed, and whether the window would not yield to pressure. Then I let down the blinds, but they must not touch the window. If they do, I must inspect the window again to see that it is safely closed.

"I repeat this same procedure with the upper and lower door of the stove. After I have washed (hands and mouth), combed my hair, and taken off the rest of my clothes, I sit down on a pot. I stay there for a long time, brooding and again unable to tell whether or not I have finished.¹³

"Then I wind my watch and put the hands ahead so that it won't be slow. I cannot tell if I have wound the watch, or what time it is. I then close the watch, put it on the table, and listen to it to make sure that it goes. I glance at the window to make sure that it is closed and that the shades are down, take off my pince-nez, wipe it clean with my nightgown, put it on the table, again listen to the watch, see that the pince-nez is on the table—and all this takes a terribly long time because I rarely can convince myself of doing something the first time.

"Then I assure myself that the door is closed. First I find out whether or not the key can be turned, then I try the handle. This must be done three or four times. Next comes the light. I close my left eye in order to determine whether I can see

¹³ At that point I always imagine a triangle.

the light with my right eye; then I close the right eye to see if I can see it with the left eye; then I try both eyes and switch off the light quickly. This takes a very long time, and often after I have turned off the light, I cannot be sure whether or not I have seen it all three ways; thus I put the light on again and start anew. (Formerly I also had to be able to tell if I was able to recognize the difference between light and dark.)

"When I am finally in bed, I say the following prayer: 'Before I go to sleep at night—I raise, Oh Lord, to you my heart—I give you thanks for everything—that you, today have given us.—If I displease you on this day—I beg you to forgive my deed—' Then, happily, I close my eyes—an angel watches while I rest. During the prayer I must think only of what I am saying and of a certain woman, the widow of a doctor who is staying at our hotel, and whom I disliked very much, at first. When I am through with praying, I lie down in bed. Then I must again think only of the doctor's widow, until I tell myself: now you may also think of something else. Then I fall asleep. But it frequently happens that I wake up and repeat the entire procedure."

2. *On Awakening.*

"I wrap myself in my blanket, hold my arms close to my body and say the following words, while I must again think only of the doctor's widow: 'Now Bertha, don't be lazy; get up, Bertha—one, two, three—up!' I must say this three times, the third time thinking of Dr. F. Then I raise myself with arms still close to my body and throw back the blanket. I put on my slip while still in bed. As I do this, I must move my torso right and left, in order to slip out of my nightgown. However, my body must not protrude over the edge of the bed. Then, still

in bed, I put on my stockings. I lie in such a way that my left side is turned towards the room and that I would have to get up with my left (wrong) foot first. In order to avoid this I turn around while sitting in bed. Again my body must not protrude over the edge of the bed. Then I put down my right foot. The left leg must remain in bed until I have made sure that my right foot stands firmly on the floor. When that is the case, the left foot may follow—and finally I am up.

“Then I go to the bathroom. The same ceremonies as at night. When washing, I must not get the towels mixed up since each serves a different purpose. This also applies to the sheet. Next I powder my face and my neck, being careful not to get any powder into my eyes or mouth. I then wash my hands meticulously, as usual, dip the towel into the water and wipe the power off my eyebrows and eyelashes, using a different damp spot for each eye. Then I rinse my mouth in order to remove any traces of powder. This, I believe, completes my ritual, except that I drink a glass of water after I have had my cocoa. I leave some of the water in the glass. This I drink up just before leaving. However, neither during nor after breakfast must I lick my lips. If I do, I must rinse my mouth again.”

3. Other Compulsions.

“In the street I must look after everybody who passes me in such a way that I turn to the left. When stepping from the street onto the curb, I must always try to do so with my right foot. This also applies to stairways. Whenever I go to the bathroom I must perform the same rituals as at night and in the morning. At the office when I go to get a glass of water, I must turn the tap on and off until I am able to picture the

tap, i.e., the diameter of a brass pipe through which water flows.—I am unable to throw anything away before I have convinced my self of the nature of the object.—When I have to send out a letter, especially at the office, I must make sure that I have not written or put into the envelope anything that might embarrass me, I must keep the inspected letter in my hand, re-read the address, then I must turn the envelope upside down and, holding it in such a way that I can easily look into it, examine it by looking at both sides of its inner, lower edge. When mailing the letters, I must always put my hand into the letterbox in order to make sure that they did not get stuck; when I walk away from the box, I must turn around to see that I did not drop the letters in the street.

“Before leaving the office, I must always check the window in my chief’s room in order to make certain that it is closed (although it is never opened). I must also see that the lights on the ceiling and on the desk are turned off. Then I scrutinize the windows to satisfy myself that they are closed; I see that the heat is turned off, that the key has been removed from the cupboard, and that all the lights are out.—Inspection of the door.—Frequently, when I buy something, I cannot resist asking whether or not I paid for it although I know very well that I did.—Shortly before every meal I wash my hands very carefully.—Whenever anything is covered by a screw-top, or some other way, I must investigate it to determine that it is properly closed.

“Before I go to bed I must arrange my underwear in a certain order on a chair: in the succession in which I will put the different pieces on the next morning. Then I must cover everything with my petticoat, in such a way that nothing shows underneath it.

“I must always put on the right shoe, or the right glove first.

"When I close my typewriter and the cover touches the machine, I must take it off again so as to see that the typewriter has not been damaged. Whenever I get a glass of water at the office, the glass must be washed meticulously before I can use it, although I have my own glass." ¹⁴

Analysis.

We shall now analyze the various compulsions. First, a few details from the patient's history. In her childhood Bertha experienced a severe trauma, which is reflected in all her compulsive actions. As a small child she played with an older boy and a sort of intercourse took place: he lay on top of her and put his penis against her vagina. She told her parents of this experience and was severely scolded for it. Therefore, she is justified in doubting whether or not she is a virgin. Thus, some of her obsessions will express this as yet unsolved doubt. Others serve religious motives and are substitutes for prayers. The patient's original death wishes, which manifested themselves in the obsessive fear that she might kill her sister, her father, or her mother, force themselves into her prayers. But she has made it a rule that she must think only of the prayer itself or of certain female persons. This means, she wants a "pure" prayer without counter-currents, and since she succeeds in accomplishing this only very rarely, she must repeat the prayer again and again until she is overcome by fatigue. Her death wishes are also clearly manifest in other obsessive ideas during the prayer, as for instance, in the thoughts regarding the doctor's widow.

¹⁴ Every time I put on my eye-glasses, they must be wiped with a clean cloth, i.e., one on which there is no powder. This must be done especially carefully after they have been lying on the table where I put the powder-box.

We are able to distinguish three currents in her compulsive rituals:

(1) The memories and the accusations regarding the childhood trauma and masturbation.

(2) The doubt as to her virginity.

(3) The prayers, which are interspersed with death wishes against the members of her family.

We begin with the analysis of the compulsion: "When I enter my room at night, I take off my clothes and my shoes and clean them." Unless she has carried out this action, she cannot fall asleep. In this way she fulfills a command her mother gave her as a child. The mother trained her to be clean and orderly. On the other hand she also symbolically expresses her own wish for purity. She does not want to fall and get dirty, i.e., she does not want to masturbate because in that event she might die. Her very first compulsive actions betray the death clause. She wants to clean herself of the past and rid herself of all the dirt of life. (She toyed with the idea of becoming a nun.)

"Then I open the window and go to the bathroom." Her compulsions are compromises and also betray the opposing tendencies within her. She wants to "open" her vagina and to soil herself. On the other hand, she wants to air the room, she wants to have pure air and free herself of all dirt (going to the toilet).

"This takes a long time, because I can never determine whether or not I have finished. Although I very rarely have a bowel movement at night, I must press again and again so as to convince myself that my bowels are empty. It takes me just as long to reassure myself that I have finished urinating." Here the first doubt appears. She is suffering from the justified doubt as to whether or not she is "finished" with the trauma of her childhood, i.e., whether she is still a virgin

or not. She can never be pure, she can never press out all the dirt (feces). She has the feeling that something is still sticking in her anus. This sensation is a wish fulfillment, serving masturbatory tendencies. She masturbates by causing in herself the urge to defecate and to urinate. In this way she also fulfills an old, infantile imperative. As a child she was placed on a pot and her mother kept on asking if she had finished. Because of enuresis she was also trained always to use the toilet before going to bed. The death clause also manifests itself in her fear that as a consequence of constipation she might die of appendicitis. Her manipulations of breathing during these compulsive actions derive from the breathing irregularities in orgasm. She imitates the type of breathing employed during orgasm. When she masturbated, she was sometimes unable to "finish," i.e., to reach a climax, because she was disturbed.

"Then I must make sure that no paper sticks to the sides of the toilet bowl. If there is some, I push it down with another piece of paper. Next I must see that there is no blood in the toilet and that it is generally clean."

The toilet becomes the symbol for the vagina. Memories of infantile masturbation as well as memories of the incident with the boy are connected with the pushing down of the paper. The important questions as to whether or not she was deflowered at that time and whether or not she bled; whether or not she is pregnant and whether or not she menstruates regularly demand a symbolic solution. She wants to know if she is "generally clean." This compulsive action is tied up with another fantasy, the fantasy from which her homicidal ideas derived: the idea that if she had a child she would throw it into the toilet and destroy all traces of her pregnancy there. As a child she frequently heard her mother recite a poem by Schiller about a woman who had killed her child. It impressed Bertha deeply. In the act of switching off the light and of

checking the watch these murderous fantasies are continued.

"After I have switched off the light, I must open the door again several times in order to convince myself that I have actually turned off the light. When I close the door for the last time, I must check whether it is properly closed." For some time she thought of killing the boy who was the accomplice of her sin. The doubts as to her virginity return in her compulsion to check and re-check whether or not the door is properly closed. This action also expresses her doubts as to her ability to resist the impact of her unsatisfied instincts. The fact that her finger must hit the exact middle of the board elaborates memories of masturbation and the trauma.

The subsequent passage takes as the starting point of a number of fantasies the well-known symbolism of the triangle. Later the triangle itself is used. Now the patient writes: "Then I walk through the dark hall, which forms a knee, to the door of my room at the end of the other side of the right angle." The strip of light under the door proves to her again that the door has not been closed tightly and completely; there is a narrow slit through which the light (i.e., fire) shines.

The following symbolism of the window and the door is quite clear. "The window must not yield to pressure," expresses, of course, the question as to whether or not she had yielded to the pressure of the penis. Moreover, it symbolizes her wish to be able to defend her innocence and not to yield to the pressure of desire. The inner and the outer window equal the inner and outer labia of the vulva, the hall the vestibulum vaginae. As the daughter of a physician, Bertha was able to obtain detailed knowledge of the anatomy of the female genitalia.

The procedure with the doors of the stove serves the same purposes of symbolization; afterwards there are again fantasies of purification (combing, pot). In the first place the

watch is the "four week clock," i.e., menstruation. Bertha's constant fear is pregnancy followed by the inevitable murder of the child. For this reason she eagerly awaits menstruation every time. The various coitus fantasies create sexual guilt feeling (confusion of fantasy and reality), which manifest themselves in the unmotivated fear of missing her period. To this the influence of various infantile sexual theories is added (conception through kissing, through thoughts, from a distance, through the bath water, etc.). In the second place the watch is the living child that is to be murdered.

The symbolism of the key is evident. (She experienced the trauma when she was between three and four years old.)

The ceremonial with the light provides new and interesting features. These actions revolve around the fear to become blind through seeing "improper things," a fear which is charged with affect through numerous stories. Bertha's bisexuality is expressed in her efforts to look right and left. This is also the well-known symbolization described by me for the first time. Just as right and left, the differences between light and dark denote the road of virtue which leads to the light (heaven) and the path of sin which leads to the dark (hell). Then follows the most important part of the compulsive ritual: the prayer. We will rarely find neurotics who do not under some pretext cling to some religious rites. One of my patients fasts because it is "beneficial to health" to fast once a year; another one goes to church because it is "so agreeably cool" there; another one goes to confession "out of habit"; and many patients claim that they are unable to fall asleep unless they have said their evening prayer. The prayers are mostly children's prayers, representing the infantile character of their religious feelings.

In many cases the patient must think of nothing else but the prayer or he has to start all over again. Since the prayer is

a reaction to original death wishes which continue to exist as an unconscious counter-current, it is very difficult and often tiring to accomplish a completely undisturbed and "pure" prayer. In our patient the doctor's widow represents the death clause; the opposite wish, that the father should become a widower, appears excellently disguised. But death wishes against her father are also still active in the patient. Finally she is overcome by fatigue and falls asleep.

After awakening she obeys the commands formerly given her by her mother and sister. She tells herself: "Bertha get up, don't be lazy," etc. Then she begins to powder her face. The patient is well aware of the sexual meaning of the act. No part of the powder (semen) must enter her body. For this reason she also must not lick her lips, a fact which also indicates the sexual meaning of her actions.

The ritual with the water ("I don't empty the glass at a time; I drink up the rest before leaving.") has the following meaning: she does not want to empty the cup, i.e. to go to the limit. But before leaving she decides to go all the way after all. She drinks up the water—now she knows everything.

The above explains the rest of her compulsions. She wants to take a step with her right foot only. At present she struggles with temptation; she catches herself getting out of bed with her left (wrong) foot; stepping into the streetcar with the left foot, etc. The ritual with the letters again reveals her doubts as to her virginity.

The ceremony with the clothes before going to bed serves the purpose of hiding symbolically her inside and of undoing the infantile episode when she exposed herself (annulment tendencies). She is not yet uncovered; she is the farmer who locks the stable after the horse has already been stolen. Her "machine has not yet been broken" (the symbolism of the typewriter).

ported by the former commands of her family. However, if she wanted to free herself of this moral burden and do justice to her other ideal—the “prostitute”—she had to defeat her family. This was expressed in the images of killing her family.

A few days before she terminated her treatment, she sent a passionate love poem to a man. She immediately thought, “What will your father say? He will throw you out of the house. What will you do when you have a child? You will break with your family and support yourself and your child.” All these thoughts, of which she had been hitherto unaware, had now become conscious and the conflict took place within the realm of her consciousness. In this way she recognized her own play-acting. For she knew that she could never be lost and that it was all only a game.

Bertha’s compulsions show all of the psychological elements enumerated in my book, *Die Sprache des Traumes*.

(1) *Every compulsive action contains a death clause.*

(2) *Every compulsive action contains an infantile imperative.*

(3) *Every compulsive action serves as a protection against anxiety and doubt.* When the compulsion is omitted, these affects are released.

Now we may add a fourth element: *The compulsive actions are interspersed with religious motives; they contain prayers which, by way of a neurotic compromise, are united with the criminal complexes into a single psychic symptom.*

This case history shows us how difficult it is for the patient to renounce his compulsions. Bertha abandoned her entire system almost over night. She joyfully told me that she had lost all her compulsions. How else could she have kept her job? Her parents died a few years after her analysis had been completed. They did not leave her any capital and Bertha was entirely dependent upon her work.

After 15 years she came to see me again. She was in a very bad state. She had a small apartment and had rented out one of the rooms. One night, when she returned home, she smelled gas. She opened the door to the room which she had rented to a young couple. Both were dead of gas poisoning. They had killed themselves.

This happened to her, of all people. It seemed like an irony of fate. She had wanted to poison her sister and her brother-in-law with gas and now she found the couple in her apartment who had died this same death. She had often thought that she was guilty of the death of one or the other person—and now there were two dead in her apartment! Strangely, it never occurred to her that it might have been *her* fault. This is how far reality is from fiction. But it was still a severe shock.

I referred her to my pupil Dr. Willy Bircher, whom I informed of her previous history. The following report which Dr. Bircher made out after the completion of treatment, illustrates the patient's present conflicts.

"Miss B., forty-seven years old, was referred to me by Dr. Stekel, who had treated her fifteen years ago. She had been doing rather well in the past years but had recently developed new compulsive symptoms, and was also suffering from anxiety states. Her present complaints were precipitated by two events. In the first place, she had suffered a severe shock when she found that the couple to whom she had rented a room had committed suicide by gas poisoning. The second factor was her yearning for an erotic experience before the onset of the menopause. She had written Dr. F., with whom she used to be friendly, but who had married in the meantime, to come and visit her in her apartment. He never came and the patient consequently lived in continuous expectation.¹⁵

"Miss B. complained that she had lost interest in all activities, that she was greatly troubled by her compulsions and, in particular, that she was unable to walk across certain streets and places.

¹⁵ Bertha had told me that she had met Dr. F. accidentally at a lecture.

"The following was the first dream which the patient told me:

I was looking for a tablecloth since I expected a visitor (girl-friend, artist). However, I was unable to find a white one. I could only find a black tablecloth and one that was dark-blue, with a black background.

"This dream indicated strong homosexual tendencies. She associated to the female person a well known artist whose friendship she seeks, and who is sexually uninhibited. The patient longs for sexual experiences, yet she is handicapped by a sense of guilt and sin—she cannot find a white tablecloth. The nature of her sin is expressed in the color: there are death wishes and doubts as to her virginity; she probably also feels that she has become unclean through masturbation.

"The next dream presented new features:

I was with Dr. F. in a strange hotel and told him: 'Come to my room.' He came. I was ashamed because of the disorder in the room, but I was very glad that he was there. He told me that his brother lived in seven rooms. Then my sister came and was very distressed because her cook had quit just before mealtime. Dr. F. said that he would try to find her and that he would call the police for this purpose. Suddenly he himself wore a uniform. I was very angry because my date with Dr. F. had been interrupted. Then not only my sister, but also her girl-friend were present. I was sitting with Dr. F. and had put my head on his knee. Later I was standing in the street, waiting for a street-car. There was a crowd of people on the other side of the street. Someone read something to them. I believe that it is the story of my sister's cook, and that Dr. F. had said he would call the police.

"This dream leads us into the actual situation. Her wish has been fulfilled! The man she loves comes to her and she is pleased about it, although she is ashamed of the disorder in her room. This disorder represents the disorderliness of her thinking because of which she must consult a physician, and probably also the disorderliness in her genitals (as will be shown later). The seven rooms Dr. F.'s brother lives in are seven women ("Frauen-zimmer"). If his brother is a Don Juan he can be one, too, and does not have

to remain faithful to his wife. As she reaches this critical point (*coitus fantasy*) the inhibition arises: the thought of her sister. This is tied up with the idea of sinful and forbidden love, represented by the cook. She also identifies herself with the cook. When the patient was a little girl, she was friendly with a boy, and in the course of this relationship, they made attempts at intercourse. As a consequence of this experience, the patient suffered from the fear that she was no longer a virgin—a fact which would have to come to light in her wedding night. This was one of the reasons why the patient could never decide to get married and why she developed her exaggerated interest in women. (Strong ties to her sister.) The fact that Dr. F. now concentrates his interest upon the cook indicates Miss B.'s annoyance over the fact that the physician from whom she wants only love, is concerned only about her illness (the cook represents her sexual traumata). The meeting with the doctor is further disturbed by the presence of the sister and one of her girl-friends. The sister is her homosexual ideal. She is the one to whom the patient is mainly fixated. 'Later I was standing in the street, waiting for a streetcar.' This is the very situation which causes the patient's severe agoraphobia. She next sees all kinds of people talking about her case. The cook is the 'fallen woman' the patient would be had she given herself to the physician. The fact that the cook leaves just before mealtime expresses a secret thought of which the patient had been unaware. She intended to kill herself rather than give herself to a man. The patient realized that unconsciously she struggled with the thought to throw herself under a streetcar or an automobile. As she became aware of this suicidal tendency her agoraphobia disappeared in large measure.

"Significantly, the patient awoke with the following thought, on one day following: 'I don't go yet nor do I intend to go yet.' All her thoughts are directed toward death. She struggles against her death tendencies.

"The patient's next dream was about *two gas stoves, a large one and a small one, standing in her room. They were not installed, they just stood in the room.* The large stove represents the body, the small one the genitals. The patient feels neglected and without

ties in life as well as in love (the stoves are not installed). The dream also reflects the old poison complex, the murder of the sister and the brother-in-law by turning on the gas. The patient is afraid of life and of love because her criminality might come to light. Characteristically, she made the following statement: 'I want to be loved by a man. However, I would have to stab him if he should possess me.'

"The patient produced many dreams in which toilets played a great role. *The toilet overflowed with dirt or urine; the feces looked most disgusting; or she had soiled herself.* We can see that the patient over and over again was troubled by the feeling that she had to rid herself of a tremendous amount of dirt and that she could never become clean. In connection with the toilet the patient also recalled the sex play with her childhood friend which she had apparently repressed. She also related that she and her boy-friend had always climbed through the bathroom window into an empty room where they played with each other.

"The patient also had a great sense of guilt regarding masturbation although its relative harmlessness had repeatedly been explained to her. She thought that she might have damaged her hymen through masturbation. In her masturbation fantasies the penis played an important role, especially that of her father which she had seen once when she was a child. This is also indicated in the next dream:

I see a strange poster in my office. It represents a number of men with exposed genitals. I am surprised how large and beautiful the penis of an elderly man is. It reminds me of a scraped pig's foot.

"The concluding sentence expresses the patient's deprecating attitude regarding sexuality. The importance of the phallus in her masturbation fantasies is also indicated by the fact that for a long time Miss B. used for masturbation a piece of firewood around which she had wound cotton and silk. This also explained why she was recently unable to use wood for making a fire. Putting wood into the stove represented a coitus.

"The patient was extremely frank and honest. She was evi-

dently happy to get a chance to discuss her doubts and ideas. For her the physician was not only the analyst but the man she had always longed for, with whom she could have an intimate relationship without endangering her virtue. For Miss B. suffered primarily from an inability to establish contact with her present environment. It is certain—and the patient also admitted it—that in the physician she sought the man who would give her ‘sexual freedom’ since he would also be able to understand her emotions. But it is just as certain that Miss B. would have gained little by this since she derived strong support from the pride in her retained virginity, and from the faithfulness with which she obeyed the commands of her parents. Toward the end of the treatment the patient had the following dream which showed that she was willing to give up the infantile ties to her parents:

At a bathing resort father and mother wade further and further out into the ocean. I walk behind them. Finally, when I am already very deep in the water, I call out to them: ‘I cannot follow you any longer, I return to the shore!’

“The following incident serves to illustrate the patient’s frankness. As she was leaving, she gave me a beautiful plant. As soon as I had expressed my pleasure about it she said: ‘I must be quite frank, Doctor, mustn’t I? When I gave you the flowers, I thought: what a waste of money. . . . I know that you have cured me again, but I don’t know if you have really helped me.’

“The follow-up treatment which lasted for about 25 sessions ended with the result that Miss B. was freed of her agoraphobia and that she had regained her joy in life as was shown by the fact that she enthusiastically joined a choir. Her compulsions were again reduced to a minimum. She never gave them up completely but she did not regard them as especially troublesome. We might ask ourselves whether these compulsions did not have the beneficial mission to provide some interest in her monotonous life and to satisfy the patient’s hunger for affects.”

Dr. Bircher concludes here his interesting report. He went to Zurich to get married and returned to Vienna some time

later. He asked the patient to come and see him in order to find out how she was. The patient who had always been so loquacious was silent so that Dr. Bircher realized that she wanted to ask something. He permitted her to ask questions. She refused to do this and the following day sent him two pages from her diary :

"Today I had the following thoughts : When you told me to ask questions, I thought : you want me to ask you what you felt when you experienced what you had waited for so many years, how you acted, and how you felt as a husband. And then, I believe, I thought that you made me come so that I should ask you all this and that, perhaps, you were disappointed because I didn't. I also thought that you might be interested in me. I deliberately did not ask these questions, for although I am interested in your answers, my interest is not sufficiently strong to make me indiscreet. What I want, what would make me happy, and raise my self-esteem, would be a good friend, in the truest sense of the word. This, however, would have to be a man whom I can respect, a man who would live up to *my* standards, in other words, not an ordinary man, for an ordinary person could not understand me. In short, it would have to be a man who could also respect me. Unfortunately, this does not exist, for such a man would never be attracted by me, and for this reason I will never find such a friend, aside from the fact that I never see any man. Today I rummaged among my books and found three post cards from my former friend (the same with whom I had that unpleasant childhood experience). I noticed that the few words on these cards indicated a somewhat out of the ordinary personality and I thought that perhaps this man (if he is still alive) could become the friend I am seeking . . .

"Today I am already annoyed with myself for having written the above into this book. But now there is nothing I can do about it anymore."

These notes are interesting ; they bespeak the patient's infinite loneliness. Imagine an almost fifty-year-old woman in the city,

without any physical or spiritual relationship whatever! On the other hand, she is unable to part with the relics of her past—she has still preserved the post cards of her former playmate.

This case illustrates the formidable power of a fiction. ("He has touched, perhaps deflowered, me; he is the only one who can rehabilitate me.") Bertha's overcharged idea is the overemphasis she places on her virginity. No man must come close to her; he might discover that she is no longer a virgin—and she could not bear that. She was no virgin as was proved by her manner of masturbation, deeply inserting a wooden stick, wrapped in cotton. She used rather thick sticks.

Her hatred against men was extraordinarily strong. The persistence with which she clings to the first trauma is remarkable; innumerable children go through similar experiences without developing a compulsive neurosis. Only the overestimation of her virginity (her overcharged idea) was responsible for her idea of expecting rehabilitation through her childhood friend of whom she neither knew whether he was still alive nor where he lived. Some of her complaints in the street derived from her fantasy that she might meet him—and kill him, because he had robbed her of her virginity.

Dr. F. was a substitute for her playmate, while I represented her father. She frequently challenged Dr. F. to re-enact these games, which he carefully avoided. He might have paid for it with his life or with an irresolvable tie. She also hoped Dr. F. might marry her. He knew that she was no virgin. She did not have to lie to him. The fanaticism with which she told the truth concealed a great truth: "I am no longer a virgin."

The question as to whether this childhood trauma was actually the cause of her illness will be discussed later.

She fights against a strong suicidal tendency. Once again analysis was successful in defeating this tendency and in giving her the courage to go on living. In her last dream, she does not swim after her parents; she returns to the shore.

It is strange that this dream takes place in a bathing resort. We

recall that when her illness broke out, her mother and sister were at a seaside place. She was alone with her father and the cook.

During this period the actual traumatic experience must have occurred. *I consider the story with the boy a screen memory.* Such memories serve to cover up something that lies farther back in the past. Screen memories chose something from the past to conceal something more recent. We were unable to establish whether or not Bertha reproached herself for her childhood experience before puberty.¹⁶ The preserved post cards prove that she had loved this boy and that she was proud of her experience.

If we assume that a traumatic experience took place in Bertha's puberty, at the very time when her anxiety states set in, there are only two persons to consider: the father and the cook.

The pig's foot in the dream represents the father's penis. The dream on page 182 refers to the cook for whom the police are searching.

At that time I did not know that compulsives of this type always conceal important matters. Her extreme frankness, an over-compensation of her lie, should have made me suspicious.

She reveals the death wishes against her sister, but hides those directed against her parents. She fears the punishment which the dead will administer. She was stricken in front of a watch repair shop whose crippled proprietor reminded her of the devil. His name, Kaltenberger ("cold mountaineer") symbolizes death, and the pharmacy was suggestive of poison.

Later the harlot fantasy developed and, to protect herself from its recurrence, she insisted on having a companion. She was extremely doubtful of facts. She was never able to say that something had definitely happened. She always qualified it with, "Maybe," or, "I think."

The root of her uncertainty was the repression or annulment of

¹⁶ This mechanism is frequent in compulsive self-reproaches. A woman accuses herself because of an abortion of which she has not thought for a long time and which took place ten years ago. These reproaches serve the purpose of concealing death wishes against her daughter whose husband she loves.

an actual recollection. The patient also repeatedly stressed her dislike for delving into old memories. As stated before, I am inclined to think that sexual intercourse occurred during puberty and was followed by a fear of pregnancy and fantasies about self-poisoning. (The myoma which, according to Kehrer, is of psychogenic origin, suggests the presence of pregnancy fantasies in spinsters.)

The first dream which the patient had while being treated by Dr. Bircher was about an expected visitor, i.e., her menstruation. (The table cloth symbolizes the bed sheet. "My linen is soiled.") After urinating she inspected her underwear for blood. She also examined her breasts and abdomen to make sure that there were no signs of pregnancy. After masturbating she again inspected her underwear for blood (because of her specific masturbation fantasy). The defloration was symbolized by the rituals connected with putting a letter in an envelope, throwing pieces of wood into the stove, or opening the door.

Another phenomenon to the patient's sister. The patient's death wishes developed after her sister's marriage. Was she jealous because her sister was a virgin and so able to marry, while, to her, marriage was barred? It is interesting to know how Bertha acted whenever the question of marriage came up: she avoided it. She was an attractive, intelligent and lively girl who was much sought after by men. However, her manners were such as to chase them away. When a matrimonial agency arranged meetings with men, she behaved in such a way that her suitors lost interest. She would invariably talk about her illness or other shortcomings, would pretend to be sick by coughing conspicuously, or would select men who were unsuitable. In this way she hoped to remain faithful to her father, the one man whom she really loved.

We must take into consideration the fact that her first sexual experience was discovered by her parents. The child was severely scolded because of her "shameless" behavior. Bertha cannot remember if her father examined her to learn if her hymen remained intact. Neither can she remember when she began to masturbate.

Her memories do not reach so far back. They start with this experience. And then there is a gap of ten years. What happened between Bertha and her sister? What part did the cook play? How did her infantile criminality manifest itself? We were unable to answer any of these questions.

This case is a classic example of the fact that criminal and suicidal impulses go well together. The patient wanted to die, but she wanted to take with her the sister whom she loved and hated at the same time. On the other hand, we see that her religiosity prevented her from submitting to her criminal impulses and that it thus became indispensable for her as a measure of self-protection.

The therapeutic results were satisfying, although it was impossible to help the patient in her quest for love. She was too old to start a new life. Her illness might have been due partly to the fact that she had become an "old maid" while her sister had a husband and children. As previously mentioned, the role of the sister was never quite clear. Later analysis will show the influence sibling rivalry may have on the development of neurosis. Bertha never became free of this rivalry. The hostility toward her sister was a resurgence of the infantile attitude she displayed when her rival was born. After her sister's marriage Bertha comforted herself with the thought, "Now our parents belong to me alone." That is the reason why she could not tolerate her sister's visits to their parents. She used her illness to prevent these visits.

The fact that she wanted to enter a convent was proof of her strong religiousness. Actually she has created her own convent. However, the neurosis never entirely overpowered her. It did not prevent her from working.

In her free time, the patient lived out her affects. She annulled the fact that she was now beyond love and desire. In her fantasy she was a young girl who could even become a prostitute. She was torn between two extremes: prostitute or nun. She was neither. She was a person whose normal developments had been interrupted by a traumatic experience at some time during puberty and for whom illness had become a pattern of life.

The cases where phobia and compulsion are mixed are instructive. The compulsive patient also suffers from anxiety, but it is different from that of the phobic person. The patients I presented here were afraid of their criminal impulses. They were *conscious* of the content of their forbidden actions. Bertha, our last case, suffered from compulsion linked with a complicated ritual, yet she developed a phobia. She could not cross the street where the Exchange Bank (*Verkehrsbank*)¹⁷ was located. Her illness started with her agoraphobia.

A case described by Alexander illuminates the relation between phobia and compulsion.

Case No. 24. A middle-aged married woman suffers from agoraphobia. In addition to this she is afraid she may strangle her children while they are asleep. The agoraphobia presents itself only on streets with considerable traffic. She is afraid she will faint on such streets. Homicidal impulses first appeared at a time when she planned a journey to her husband who lived in another city. Because the children were ill, the journey was postponed several times. The (apparently frigid) woman devoted her whole life to the care of her children.

Alexander ascribes the agoraphobia to unconscious harlot fantasies and considers the interesting question: Why did these fantasies remain unconscious while the much more serious homicidal impulses penetrated the consciousness? Why was the superego strong enough to suppress the prostitution fantasy, and yet powerless when confronted with the criminal fantasy? For this patient was afraid only when passing busy streets, the very places where prostitutes hang out and where men look for them. The author cites the neurotic's need for punishment (the force of conscience) and comes to the following conclusion:

"The content of the unconscious thought: 'I want to be rid

¹⁷ "Verkehr" means traffic, exchange, as well as intercourse.

of my children' entered the consciousness; the second part 'I want to be a prostitute' had to remain unconscious."

This is a clever formulation. However, it does not apply to cases such as Bertha's. At first, Bertha wanted to murder her sister. The agoraphobia existed a long time before her sister's marriage. Her sister did not prevent Bertha from living her kind of life. Quite the contrary! After her sister's marriage she was much freer, under less supervision, and only her moral ego prevented her from doing what she wanted. Motivated by jealousy she wanted to kill her sister who denied her the joy of being married.

Another case illustrates the deeper motives of a homicidal drive even more clearly. An elderly woman who was suffering from the impulse to strangle her only daughter, admitted that *shortly after the birth of the child (!)* she had the same impulse, because in her fantasy she saw the moment when the beloved child would marry and leave her.

My experiences have shown that patients would rather admit their criminal tendencies than their sexual ones. Women have repeatedly admitted to me their homicidal impulses; yet they were unwilling to admit their polygamic and paraphilic tendencies. The reason for this may lie in the fact that parents bitterly combat every sign of infantile sexuality while the child's criminal tendencies remain unrecognized or ignored.

Alexander overlooks the difference between masculine (active) and female (passive) tendencies. The homicidal impulse shows an active (masculine) character. The prostitution fantasy is a passive one. His patient was afraid that she might submit to some suggestion of a man on the street. She might lose her resistance, she might faint. The fainting symbolizes the disappearance of resistance. The patient *suffers* in the street (a passive attitude), she *acts* when she strangles her children in fantasy. She would rather admit her criminality than her

sexuality. She wants to be a man and to act like a man. In this there is nothing to be ashamed of.

Another fact, which Adler stresses, is that these patients always want to frighten themselves and prove to themselves how bad they are, how deeply they have sunk. (The bugbear of the second ego. They know very well that they will never actually carry out their criminal idea.) They do not combat the action but *the homicidal thought*. The agoraphobia prevents them from performing an act of faithlessness of which they are not the originators but against which they have not protected themselves sufficiently. The consciousness of homicidal impulses is a protection against succumbing to them.

Often homicidal impulses are merely displaced. Alexander's patient pretends to love her husband; all the easier it is for her to project this hatred onto the children with whose murder she would strike her husband the hardest. Who is not acquainted with the case of a woman who takes revenge upon her unfaithful husband by killing the child he dearly loves, or by taking her along to her own death?

The anxiety of compulsive patients is different from that of phobics. Phobics suppress their actions. (The woman suffering from agoraphobia thinks: "If I walk by myself in the street, I might be unfaithful to my husband, and then I would have to take my life.") They anticipate and are afraid of the consequences of their actions which they know will be punished by death.

The phobic as well as the compulsive are suicide candidates. Life and death impulses fight for the possession of the self. The phobic is afraid he might do something which would drive him to suicide. The compulsive knows he has done something; he escapes the self-punishing suicidal drive by submitting to the self-imposed punishment of neurotic suffering. If he avoids the

punishment he must die. The phobic stands before the action which he is afraid to perform lest he regret it later. The compulsive regrets an action of the past, yet which he wants to repeat.

Chapter Six

*

THE RELATION OF COMPULSIONS TO MASTURBATION

It is not morality that rules the world but an ossified form of it: the mores. As the world is set, it forgives rather a violation of morality than a violation of the mores. Times and peoples where morality and mores are still unified are well off, indeed. All struggle, big and small, general or specific, revolves around the task of eliminating the contrast of the two, liquidating the rigid form of the mores and determining the new constructs according to their intrinsic values.

B. AUERBACH

ALTHOUGH THE NUMBER of compulsions is legion, I shall, nevertheless, attempt to give a general description of the most prevalent ones and, wherever possible, examine their psychogenesis. Often the compulsions are mere caricatures and exaggerations of every-day actions performed automatically by the normal person. A good example of this is the washing compulsion, the most frequently encountered type of compulsion. Every civilized person has the need to wash himself. In the

compulsive, however, this need is exaggerated as well as tied up with strong affects. Failure to wash creates anxiety, since the compulsion is accompanied by the previously mentioned clause of death or misfortune.

A woman suffering from a washing compulsion may wash her hands twenty to one hundred times a day. The compulsion may also extend to her face, the genitals and the rest of the body and may develop into a bathing compulsion. To be sure, the washing procedure must be carried out in accordance with a specific ritual so as to comply with the strict demands of the super-ego. In most cases the ceremony is a rather complex one, and the patients are not to be interrupted in it. If possible, they lock themselves in a bathroom or some other room, and remain there until the ritual is completed. Because of its intricate nature, doubts as to whether the ritual has been correctly performed may arise. In case of grave doubt, the entire procedure may have to be repeated. If the patients (the majority of whom are women) hurry through the washing or are interrupted in it, the ritual may have to be intensified (sanctions). Punitive measures are called for. The ceremony is either repeated several times or certain details are added. Later we shall examine the exact nature of these sanctions in individual cases. The washing compulsion is not always motivated by fear of bacteria. It may have the strangest motivations, which, in analysis, reveal themselves as rationalizations. However, it always represents a symbolic purification.

Patients must establish definite rules for themselves. They can not wash like normal people. They must hold their hands in certain positions when washing, they must scrub and rinse them a certain number of times, and so on.

The following is a woman's description of her washing ritual:

Case No. 25. "Before I can start to wash myself in the morning, I must first convince myself that the basin is clean. For this purpose I fill it with water, then let the water run out again. Then I take a brush which has been dipped into hot water and scrub the basin thoroughly. I then apply soft soap to the brush and soap the entire basin. The soft soap must be placed in a clean china container (I buy it only from the pharmacist). Then I rinse the basin again, making sure that it is perfectly clean (the basin must not be damaged in any way since dirt always settles in cracks). I often use a magnifying glass to examine the china for flaws, cracks, and dirt. Finally, I fill the basin with clean water which must reach a certain level. Should it happen to rise higher, I must drain off all of it and try to refill the basin correctly. Before I wash, I say a Lord's Prayer and cross myself three times. I must not think of anything else during the prayer, otherwise I must repeat it. Then I begin to wash, according to specific rules. First I dip the fingers of the right hand, with the exception of the thumb, into the water and wet my forehead while speaking the words: 'Blessed be Jesus Christ.' Then I stroke across my forehead from right to left. I repeat this procedure with my left hand, taking care that its fingers are not dipped into the water any deeper than the others and that my forehead is wetted in exactly the same spots as before. In a similar manner, I consecrate my nose, cheeks, and chin for the washing. Only then do I really start to wash. I fill both my hands with water, raising it to my face, making certain that I do not lose a drop. First I wet my face ten times with my hands, then scrub it with soap, then wash it again ten times. Then..."

I discontinue the description at this point. The reader will realize that the act of washing has assumed a religious meaning and that it has come to represent a daily baptism. Strict observance of this extremely intricate procedure of which I have presented only a small part, guarantees a good day. Errors mean misfortune; omissions are paid for with anxiety (death clause).

There is no action in every-day life that could not become a compulsion. Throughout his life the compulsive connects routine actions with a ritual.

Thus the ceremony gradually develops into a disease, followed by the struggle for its observance. The patient's first thought of the day may be: "Yesterday I fulfilled my program—but how will it be today?"

Compulsive ideas and actions serve to complicate life. Ordinary, every-day actions turn into problems. Consequently, the routine day is transformed into an obstacle race whose outstanding feature is its conjunction with misfortune (the death clause, the neurotic conditional clause). This neurotic condition which urges fulfillment of the compulsive ideas charges the entire process with affects so that eventually we are confronted with a continual display of these affects.

It is interesting to note that the real affect remains hidden and that compulsive actions are substitutes designed to cover up the originally intended action. The motivating impulse behind a compulsion can be recognized only by analysis.

The entire life of compulsive patients appears to be a chain of symbolizations, and every action assumes a symbolic or mystical meaning. The way the patient lies in bed, arises, dresses, urinates and defecates, opens and closes the door, walks, eats and drinks, breathes, talks, thinks, reads, writes, starts and finishes something, moves, greets, acknowledges greetings, goes to bed, works and relaxes—any of these actions can be built up into a neurotic compulsive system.

The relation to masturbation, mankind's strongest compulsion, is always present. (It is characteristic that a child whose mother had warned him of masturbation and strictly forbidden it, replied: "It must, Mummy—it must!") Masturbation is

compulsion which, basically, represents a struggle against masturbation and the fantasies connected with it.

In the following case I shall give a detailed and complete history, since it is an excellent illustration of symbolization and the relation between compulsions and masturbation.

Case No. 26. This concerns a twenty-eight-year-old university student of philosophy who, at a certain point, found himself unable to continue with his studies and who frightened his family by a number of severe compulsive actions. At first he became a strict vegetarian, such a strict one, in fact, that he even refused to consume milk or eggs because these were animal products. He lived only on fruit and vegetables and soon was so run down that it was frightening to look at him. He complained of the most unpleasant obsessions and compulsions. For example, he suffered greatly from the fear that he might lose something. He constantly counted the objects he carried with him in his pockets in order to make sure he had not lost anything. Whenever he had to pay out a sum of money, he had to count his change innumerable times to convince himself that he had suffered no loss. Yet this was only one of his countless compulsions and obsessions. The entire day, from morning till night, was filled with compulsions. I shall mention only a few of them here, especially his ritual in the toilet. I would like to point out that for the past two years the patient had not shown any sexual tendencies. Up to four years ago he had masturbated a great deal. Subsequently, he suffered from emissions, a fact which depressed him as much as if he had been masturbating. Later, however, he gradually became asexual. He would have been quite satisfied with this if his compulsions had not tortured him. As it was, they made him miserable and turned his life into a veritable "hell."

The following is the patient's personal account:

"Some of my Compulsions. The ritual in the toilet. While still in the toilet I examine the pockets of my pants for their contents, although I do not keep anything in them. I put both hands into my trouser-pockets at the same time. I investigate the pockets in the following manner: I kind of let my finger crawl from the inner

corner of the pocket to the outer one, with very small moves, so as not to miss a single spot in the pocket. I touch, or rather, push with considerable force into every spot of the pocket while counting: 1, 2, 3, 4, 5, 6, etc., until I reach the outside. The number varies according to the distance. I usually count up to 11, but there is no rule. Sometimes I also reach various lower numbers. The second time I don't examine my pockets with the same care. I feel them with all my fingers at the same time and I usually get to the number 4. I repeat the procedure several times. I frequently examine the right pocket by holding it with my left hand from the outside in order to make the examination easier for myself, while with the right hand I examine it inside. I get through quicker with the back pocket which is also empty.

"I am usually satisfied with examining the pocket from the outside several times while saying to myself, '*I never carry anything in this pocket.*' Frequently, however, I have to examine this pocket closely, while I hold it on the outside with my left hand. This not only assures thorough examination but also serves to prevent me from pulling the pocket out together with my hand. For the same reason I also hold my right trouser-pocket with my left hand while I examine it.

"I go to the toilet, carrying the toilet paper with me that I always keep in the same upper pocket of my coat. I push the lock back, then hit it with all my force several times, usually five times—I always count. When I hit it the last time I also pull the door inwards as much as I can in order to make sure *that it is well closed*. Then I look anxiously toward the garden, assuring myself that no one can see me in the toilet. Then I open my pants so that they can not touch the seat when I stand in front of it. If the seat has been lifted, I take a piece of toilet paper from the wall and use the paper as a glove with which I lower the seat. Then I climb up on the seat and look around anxiously in case anyone might be watching me.

"In this standing position (really bending forward) I ease myself, while holding my jacket with my left hand so that it can not touch the seat. I clean myself very carefully. Before leaving the toilet I examine the seat in a very special manner. At first I exam-

ine that part of the seat which is just next to the wall, partly for fear I might have forgotten something there, partly because I am afraid I might have soiled it with feces. The latter is impossible as far as this part of the seat is concerned. I usually examine the seat by *dividing it mentally, usually into four parts*, and then examine every part of it. There I count again, 1, 2, 3, 4, etc., while making certain movements with my right hand which enable me to see the imaginary divisions more easily. I tell myself, 'There is nothing here, there is nothing there.' I repeat these words as often as I examine the seat.

"The most difficult part is the examination of the middle part of the seat which I fear I may have soiled. At first I throw a quick glance at the outer and inner rim of the seat. Then I begin to examine it systematically. I encircle every part of it with my eyes. While doing this I make corresponding circular motions with my finger in the air, telling myself again: 'There is nothing here, there is nothing there.' This procedure takes a very long time, and I have to reassure myself several times. It is especially difficult and embarrassing to examine those parts of the seat which could be actually soiled. The entire examination is similar to the one of the trouser pockets. It is always connected with counting.

"I repeat this procedure with the outer part of the seat. Then I pay special attention to the various parts of the seat, particularly to see that no water happened to spill on it when I flushed the toilet. I have to look at it for a long time to make sure that there are no feces on it. The examination of the floor is much faster. I only do it for fear of having lost something. At first I examine the left corner, then the right one, dividing and counting. Then I walk over to the part I have already examined and examine the other half.

The examination of the window, which I make out of fear that I may have lost something, takes still more time. In front of the window there is a slanted wall which drops almost vertically. Any object would actually have to fall down from it. I examine this wall very slowly in the usual manner, dividing and counting. Then I scan every part of it to make sure that it is clean. After having

flushed it I examine the bowl, to make certain that no feces are left there. Finally, I cast a quick glance on the seat, the floor, the window and then leave the place.

"Looking carefully right and left, to make sure that nobody has seen me leaving, I walk to my room. After I have closed the door I must see that it is *really* closed. This I ascertain by pushing it five times, then pulling the handle. Then I wash my hands, also in a special manner.

"I have a pair of old shoes that I always wear when going to the toilet. These shoes have no nails in the heels and I would never wear them on the street. With other shoes I would be afraid of scratching the seat or getting dust from the street on it, so that somebody would find out that I step onto the seat with my shoes on. Thus, before going to the toilet, I put on these shoes, being careful to tie the laces in such a manner that they would not touch the seat. When returning to my room I take off these shoes and examine the soles and heels carefully for feces, again by dividing them and counting, while saying to myself, 'There is nothing here; there is nothing here.'"

The Ritual in the Morning

"The first thought when I wake up is, 'For how many hours did I sleep?' To determine this, I must remember at what time I went to bed the night before. Then the question arises: how long did it take me to drop off to sleep? I take the latest possible hour as the most likely one, then figure how many hours passed before I wake up, subtracting the hours which I lost while awake during the night. It is a difficult procedure. Seven hours should be the minimum. Once I have checked that I say to myself, 'The Romans said: *Septem horas dormire satis est,*' and am satisfied as far as this point is concerned. After arising I hang my morning coat onto the door so that it covers the keyhole and make it impossible for anyone to watch me while I wash.

"The main compulsions occur *when I am leaving the apartment*. They are all due to my fear of losing my belongings. First I examine the three drawers of the dresser in order to see whether they are locked, although I locked them myself. The first drawer takes

longest because I am convinced that it will open even though it has been locked. I try the handles and pull strongly toward myself. While doing this I count, sometimes to thirty, sometimes even higher. It is much easier to examine the two other drawers.

"I then examine the closet door to see if it is locked. Then comes the sofa. I always stand a certain distance from it and examine it to see if anything has been left on it. I start with the pillow which is covered with a napkin. At first I examine the left end of the pillow which is not covered by the napkin. I examine it in the usual manner, counting and dividing, going from the top to the bottom. Then comes the napkin, divided into three mental parts. The examination of the right end of the pillow does not take long. Then comes the examination of the sofa which has also been divided into three parts.

"Now follows the desk. At first I look at every object on it. There are always the same things on it and they must always be in the same place. I fix my eyes on every single object and tell myself: 'Here is a bunch of flowers, here is the blotter, postal cards lying on top of it, some with writing, some blank. There is nothing between the flowers and the blotter.' Lengthy examination follows. (Doubt!) Then there is the wrapper of my tooth paste (I dare not throw it away). There is the lamp, the inkwell, the cup. I look whether there is anything underneath the cup and the blotter. Then I mentally divide the desk into three or four sections and examine each section separately. While doing this I try to avoid seeing each section in its entirety. In this I succeed only after a certain time, because it requires a great deal of concentration. Finally I make an energetic gesture over all the sections and tell myself: 'There is nothing here.'

"Now I turn to my dressing table. There is a napkin on which stands a pitcher of water and a glass. The examination of the napkin is always very difficult. The napkin had been folded, and consequently there are creases in it which divide it into four parts. I make use of this division for my examination. I generally look for some natural signs that would facilitate the division and therefore the examination of the object. In addition, this napkin has a

certain pattern. This pattern permits me to divide each part into smaller ones and facilitates a thorough examination.

"Before I begin my final examination I put the pitcher close to the wall on the left side of the dresser. It stands now on the first of the four sections of the napkin; the remaining three sections are empty. I examine these sections in the usual manner, that is, with counting, but it does not take long. It is very difficult to examine the first section on which the glass stands. I always examine it last. First I remove the glass and investigate the spot where it stood. Then I put it back and proceed with the remainder of the section. I examine it from different angles. Finally, I have to look at the entire part at one time. This is the most painful moment in the whole ritual. Again, it takes a long time and requires much concentration. Then, I examine all four parts in quick succession.

"Now I turn to the bed. I see if I haven't left anything under the pillow. Division into three parts—it takes only a short time. Then the night-table—a long time again. I remove the candlestick with the candle in it, examine the napkin on the table by dividing it into four parts. Then I look at the candlestick. There are usually two or three burnt matches. I look closely at each one. (Doubt.) Then I take a piece of toilet paper that lies on the table and with which I wiped my hands the previous night after applying zinc ointment to an eczema. *I am always afraid it might be a banknote and examine it carefully before I throw it away.*

"Now I touch my three pockets in order to convince myself that my billfold, my watch and my keys are in good order. Finally I plant myself in the middle of the room to make sure again that I have examined everything correctly. While doing this I point my finger at each individual object and tell myself, 'This has been examined.' This too must be done according to specific rules and I must not interrupt it or it will have to be repeated. Finally I leave the room, locking the door carefully behind me and hang up the key on the wall. Now I push the door forcefully a few times, examine the handle and even touch the key several times to convince myself that it is hanging right.

"I arrive in the park, study the bench to see if it is dirty, and put my coat, umbrella and hat on it. Then I walk up and down the lane. However, before I can start any kind of studying, I must complete the inspection of my pockets. The question is whether I have the three objects, purse, watch and key, with me. This process is very painful and lengthy. I start with the keys which I keep in the left-hand lower pocket of my jacket together with toilet paper and mirror. From the outside of the jacket I touch the keys, which are tied together. I tell myself, 'One key is here.' Then I touch the other key and say, 'The other key is here, too.' While doing this, *I press my hand against the keys with full force, to convince myself of their presence.* I then bang my hand against the pocket so that I can hear the keys rattle.

"Now I turn to my purse which is in the left upper pocket of my jacket. I put my hand in the pocket and let the purse drop a few times so that the sound convinces me of its presence. Usually, I then take out the purse and press it strongly a few times to make sure it is closed. I do this five times, the last time I use more strength and press it much harder and longer than before. Then I look into the pocket to convince myself with my own eyes that the purse is there, and also that it is closed. I inspect it for a long time, in a special way, while fixing my eyes on its various parts. Then I drop it again, while counting. Finally, I touch it a few times through the outside of my jacket.

"I treat my watch in a similar manner, but more briefly. Then I again inspect all three objects several times. I say, 'Keys, purse, watch.' I emphasize each word: 'There are three objects. The Trinity is here. Everything is all right.' I never carry anything in the back pocket of my trousers."

Further Compulsive Actions in the Park

"As soon as I sit down on a bench, I begin to worry whether its back might be dirty. I turn around and examine it, dividing and counting. Sometimes I happen to glance at a leaf that is lying on the road. *I can't make out exactly what it is.* I stare at it, then I stamp on it, stamping a few times, while counting, or I crush it with my foot. Then I bend over the leaf and observe every part

of it while counting, usually to five. A moment later another leaf worries me. I stare at all the leaves in my vicinity, doubting their identity, and count them all.

"Sometimes I fear all the things placed on the bench are no longer there. If someone passes I have to stop at once and watch him because I am afraid he might steal some of my possessions. Or I am afraid *the wind might blow away one of the objects, even when the air is completely calm*. This fear usually concentrates on my overcoat and hat, but sometimes my umbrella is also involved. I then turn toward the bench and tell myself, while pointing at each object or at least executing an appropriate gesture in my mind: 'The overcoat is here, the hat is here, the umbrella is here. All three things are here.' I reassure myself several times.

"Frequently I become *doubtful* as to whether I had not taken more things with me. Therefore I usually count the pieces I am carrying when leaving my apartment. Thus: coat, umbrella, book—I reassure myself that there were three objects.

"New anxiety arises when I pull out my handkerchief. I not only examine the spot where I might have dropped something by pulling it out, but the entire place, as far as I have walked. When leaving the bench I have to go through an extremely painful procedure. I am afraid of leaving something behind. For this reason I first examine the seat, then the back, the arm rests, and finally the ground in front of the bench, and sometimes the ground underneath the bench.

"If there are other benches or a garden table nearby, I also inspect them, but much more quickly. I dislike moving to another bench because it always entails inspection and examination. I also dislike it if there are other persons nearby. I don't want them to observe my compulsive actions and for this reason I am forced to perform them without any external manifestations or gestures. The inspection becomes more difficult. In such cases I just turn to the bench and stare at it, seemingly lost in thought. The same happens when I take money out of my purse in some store. I am always afraid of forgetting money on the counter and have to

examine it by division of its surface—but I always manage to do it in such a way that the sales clerk does not notice anything.

"I am also afraid that I might find some strange object in the pockets of my overcoat. I must examine them again. Usually I have trouble with the flaps of my pockets. I am afraid the flap might be inside the pocket which would make it easier for something to drop out. This compels me to stroke the flaps in a special way while counting. If I put my umbrella and hat on a table, I am afraid they might fall down. I stare at the umbrella and tell myself, 'Why, the umbrella is here—I, 2, 3, 4, 5. It lies in the middle of the table. It could not fall down, there is a distance of at least twenty centimeters to the end of the table.' I put my face close to the table in order to figure out the distance, which I do again by counting and division.

"When I am sitting at my table in my room, I am afraid that something might fall off it—and I act in a similar manner. If I see a leaf on the ground and doubt its identity, I calm myself by saying, 'Look, here is the main vein and here the other veins, 1, 2, 3, 4, 5, etc.' I am especially upset by a cigarette or a match that has been thrown away. When examining the bench on leaving it I am worried by every leaf and by every dirty spot caused by bird droppings. These I must examine, and clean thoroughly. I throw away the leaves. Frequently I spit for hours so as to rid myself of expectoration."

Physicians who have worked with compulsives know that the *first* compulsion to which the patients were subjected was masturbation and that consequently the entire life of compulsives is a struggle against masturbation. The patient is a harassed human being whose compulsions keep him busy all day long and who will certainly have no time for anything else. It is evident that obsessions and compulsions have a double task: they are a severe punishment, a penance for some great sin—and they fill up his mind to such an extent that there is no room for any new sinful ideas.

My patient is a complete ascetic. *He has had no sexual impulses for the past two years.* He knows no physical excitations and

temptations, has no erections, no emissions. For him, his sex life is dead and finished—a strange fact in a man who is not even thirty. The patient exhibits a *rare love of truth* which is almost fanatical. This is the attitude of a masturbator who has kept from all the world one fact (his masturbation), and now overcompensates this lie with his fanaticism for truth. He also shows various other ascetic tendencies.

All compulsions are expressions of penitence: punishment for sins of the past. But what is the crime that weighs so heavily upon my patient? He is a freethinker who, up to the outbreak of his illness, had concerned himself with philosophy, and who still likes to spend his spare time reading Nietzsche. Since the age of sixteen he has been a convinced atheist, and has attempted to publish atheistic articles in philosophical journals. Nevertheless he concludes his compulsions at night with a prayer. He admits this fact very reluctantly. He says it is "incredible, infantile;" he does it only to fall asleep more easily. He would not have real peace until he has said his prayer; it is a childhood habit which he observes mechanically.

Behind all these rationalizations lies the fact that he is pious and that he does not want to accept his piety. We have found out that my patient was very religious as a child and that he wanted to enter a monastery and to become a monk.

One day, with the aid of a dream of his I learned to understand his "fear of losing something." It was the *fear of losing the prospect of salvation*. The patient's role as a freethinker was purely artificial. He was in constant fear of sin, and his rituals gave us a clue as to what the real sin of the patient had been. I succeeded in getting clarification without the aid of the patient who finally was forced to confirm everything, and to admit that his "sin" was masturbation.

He had masturbated as long as he could remember and was little troubled by it. When he was eleven he was asked in confession whether he had ever touched himself "sinfully." He understood the question immediately. In previous confessions he had knowingly omitted mention of his masturbation. This time he was asked

directly about it. He pretended not to understand. Earlier he had been admonished by the father-confessor, who was also a teacher in his school, to search his conscience thoroughly. He had struggled with himself as to whether he should admit his masturbation. He thought: "After all, I don't know if it is a sin. I won't say anything about it."

This time he was asked directly and lied with full consciousness, merely because his father-confessor was his religious teacher, and the boy was very much ashamed to reveal his secret to him. He would rather have admitted a murder than the "vice of masturbation."

He had committed a mortal sin by telling a lie to his confessor, and thus he had lost the prospect of salvation. Only by heavy penance could he expiate his great sin. For this reason, his entire life since his eighteenth year was that of ascetic self-castigation. His condition did not improve in the course of the years but rather grew much worse because the continued abstinence caused a strong repression of his cravings and, consequently, a strengthening of the neurotic defenses. As we know, he soon lost his faith and no longer wanted to attend church and confession. His mother, who was religious, was very upset about this and implored him to go to confession occasionally and to attend church on Sundays. He had only scorn and cool rejection for her request.

For a time it seemed that the intellectual strength of his thinking might free him from the claws of imaginary sins. He became freer, began to visit girls, took his first examinations with honors. Under the influence of homosexual drives, however, of which he never became fully conscious, he came to a renewed struggle against his sexuality and decided to live in chastity, overtly for "hygienic reasons." Thus the struggle against his conscious sexual wishes had inaugurated and led with gradually increasing intensity to his present condition.

We recognize that the root of his severe trauma was the lie in confession. He kept his masturbation a secret, especially because it was connected with incestual and homosexual fantasies. We realize that his compulsive actions represent a repetition of the confession

in order to expiate forever the one sin which deprived him of peace and salvation.

He repeats the confession, the investigation into his conscience in order to be sure that he *does not forget* to tell everything to the father confessor.

As a young man he did not examine himself carefully enough and did not confess his masturbation (feces in his compulsive actions). *His behavior in the toilet became a form of confession in his fantasy, and the defecation a cleansing process of his soul.* Of course, the choice of these symbolic actions shows the bipolar character of his repentance. The blasphemic attitude he developed in his youth (he became an atheist) as well as his genuine wish for repentance is represented in his symbolic actions in the toilet. Several times a day and in various ways he repeats the confession, as well as the thorough examination of his soul, and arrives at a result which comforts and consoles him for a short while: "Nothing is here, nothing is there." He confesses everything, he does not forget anything.

He starts with the examination of his pocket and counts up to eleven. We know that at this age he committed the deadly sin, the deceitful confession. The pocket became a symbol of his soul. He examined carefully to ascertain whether there were something he had left in it and to make it a subject of confession.

Sexual and religious forces are equally present here. When he refers to the back pocket of his trousers and says, "I don't keep anything here as a matter of principle," he really means, "Although the anus plays an important role for me as an erogenous zone, I do not put anything into it."

He divides his life and each individual situation into four parts. He is 28 years of age. The examination of his conscience embraces the whole 28 years and is divided into periods of seven years. Some change occurred in each seventh year. At seven he started to masturbate. At fourteen he revolted against religion. At twenty-one the compulsive neurosis started. At twenty-eight he came to the analyst and thus demonstrated his wish to change.

He does not know that in his compulsive ritual he reenacts the

confession. Nor does he know that he annuls the earlier deceitful confession and proves himself how a matured human being should confess. He does not know that some of his compulsions represent prayers. He does not want to know. He has divided his personality into two parts, and one part must not know what the other is doing. This is the reason for the careful closing of drawers and rooms. His soul must be isolated in a similar manner, first against the sinful temptations of life and second against his conscious thinking.

He is afraid he might be observed. He glances from the toilet into the garden to make sure no one can see him in the act of defecation. The root of this conduct is an infantile thought: "God sees and hears everything."

God knows of the fraudulent confession and has punished him with "insanity." He, the most ambitious man the analyst ever encountered, is not able to advance in his studies. He is a failure.

What is behind his strange standing and forward-bending position in defecation? He becomes tired and his legs tremble, yet he is not able to sit down on the toilet seat. He, himself, offers a satisfactory interpretation. He did not dare to sit down at the fateful confession. Although he was a small boy, he was too tall to stand before the opening of the compartment of the father confessor. He was compelled to bend forward. He takes the same position during his symbolic (caricature) representation of the confession.

Other symbolic actions have their explanations, too. In his fear of soiling the toilet seat, he uses special shoes on which no common street dust may stick. The shoes represent his illness, his secret religiosity. They are the shoes of a penitent and may bring him to heaven. His life is a make-believe world. His compulsions mean: "I am not a sinner; I have confessed again." He examined himself and came to the conclusion that "I have confessed everything."

He does not masturbate anymore, he ruthlessly eliminated all his sensual wishes. He became an ascetic. His illness is an eternal confession. His ritual on the toilet represents the trauma of his life.

The way he leaves his apartment represents death, the last journey. He plays the final probe to which man is subjected before his death. He will ask for the father confessor, to whom he will tell

everything in order that God may forgive him. His punishment has been sufficient.

All objects become symbols: the napkin, the pitcher, the closet. He can not throw away a piece of paper for it might be a banknote, a fortune. Did he not throw away the years of his youth, thinking they were worthless? And yet they were worth more than all earthly fortunes.

If he could only know that God really existed! He is a doubter who believes that things are different from what they appear to be. He doubts the identity of objects. Is the key really a key? Things represent more to him than to anyone else. He himself is the leaf to be thrown to the ground and destroyed. The key opens the doors to paradise. Nothing is real in this play. He doubts in the identity of things, because to him they never represent themselves in their genuine forms.

He is afraid the wind might blow away his fortune—even if the air is calm. What is the wind? A symbol of his impulses. He is afraid that new impulses of his soul would rob him of the fruits of his hard struggle. The pocket is protected by the flaps. In the same way he wishes to protect his soul from every outside force. He wants to keep his religion intact. All the dirt must be eliminated. He does it in a symbolic way: he spits.

Behind all his compulsive acts there is a memory of his masturbation, the only time he experienced pleasure. The pockets of his trousers were always torn so that he could play with his penis at will. And he can put his hand into his pocket and prove that there is no erection this time: "There is nothing."

We recognize the hypochondriacal belief that as a consequence of masturbation he is shortening his life. He now must do everything to regain his health, especially by living a simple, ascetic life. He displays a fanatical wish to be healthy, a symptom we often find in masturbators. He is a vegetarian and wants to be a child of nature. He trembles at the thought that a half hour of lost sleep might cost him a half year of his life.

Each new year of penitence reduces his sin. He figures out daily how many hours of walking he has done. He wears a kind of

hygienic underwear and follows a hygienic form of life. He represents such views publicly. He attacks the doctors who, in his opinion, are blind to the commandments of nature. At the same time he himself transgresses the most important of nature's demands, namely, that drives should be permitted to play a more active role in human life.

His fight against masturbation endangered his very existence and thwarted his intelligence. That he created his own philosophy, where there was no room for sexuality, is quite understandable.

It is interesting to observe the way psycho-therapy helped him. One day he suddenly started to masturbate again. It was as though he wished to make up for all he had lost. For a while he misused his newly acquired sexual freedom. He started to eat meat again, and after a while he found a girl with whom he had normal sexual relations. All his compulsions disappeared. He took his examinations. He found a job. Out of all his asceticism only the aversion against alcohol remained.

Once he attempted to drink alcohol again. On that day he felt compelled to masturbate, although his sex life was normal. He noticed that alcohol freed impulses in him which he could withstand only when completely sober. He indulged no more.

I have this patient to thank for my insight into the annulment processes. At the age of twenty-five he went through a severe inner struggle. He loved a girl, but, being a genuine doubter, he could not decide to disclose his affection and marry her. One day he received a letter in which she told him of her engagement to another man. He spent a whole day composing a congratulatory letter. He wrote one answer after another until he found the correct one. He told her of his love and asked her to cancel her engagement.

He always carried a copy of this letter with him. At first, he tried to persuade me that it was a matter of no importance. However, we must never forget that letters, photos, souvenirs, kept and carried by the neurotic patient have special significance. If he denies it, it is a misrepresentation of facts.

The girl to whom the letter was directed was a friend of his

sister. After the marriage of both girls the patient's severe neurosis broke out. The fear of losing something was in reality an obsolete fear: he had already lost what life could offer him.

He annulled the fact that his sister as well as his girl friend (in reality a substitute for the sister) were lost to him. He acted as though he were able to restore the situation before the marriage of the girls, as though he still could achieve his goal.

He carried a copy of another letter with him, a letter once written by his mother to a male acquaintance in her youth. A critical passage which gave him food for thought read: "Where is our beautiful youth which presented us with so many roses?" This letter is his "proof" of his mother's infidelity. It supports his doubt that he is a legitimate child.

The compulsive action annuls the reality and substitutes a past reality, which today has only the quality of a fantasy. The memory is used to construct "clichés" (Freud), stereotypes, in order to conceal as well as reveal his basic problem.

A dream of this patient gave me a clue to his fear of losing something:

A large crowd of men and women climb a mountain. I try to be the first. I succeed. I reach the shore of a lake. I see a ferryman and his small boat. It is divided in the middle. There is a considerable amount of water in it. The ferryman and I scoop the boat dry. I fear the others in the crowd might overtake me meanwhile. Then it seems to me I completed the ride in the boat. I am standing on the shore, looking into the boat and seeing various objects which belong to me. I recognize a letter of my mother. Everything is wet. I am surprised that I am not afraid at all of losing something. Even when I take out my purse to pay the ferryman I feel no fear.

This dream has a unique interpretation. Here the intuitive abilities of the analyst are required. The patient offers some associations. The day before he had received a letter from his mother in which she referred to his and her fate. She cherished great hopes for his future. He noticed some wet spots on the stationery. They were certainly his mother's tears. To the boat he associated a ferry

which docked near a little country estate his parents owned. He used to stay on the estate in the summer, and there he met a girl, the only one he ever loved.

Shortly before the outbreak of his severe illness he felt a general compulsion to doubt. He had to pay the ferryman in his home town a small amount to take him to a spot where he could swim. He continuously doubted whether he had paid the fare, and time after time he went back to ask the ferryman. Later on he was ashamed to inquire, preferring to pay ten times as much as the original fare in the disguise of an extra tip. He commented on this by saying that if he would ever forget to pay, he had rewarded the ferryman amply in advance.

There were no further associations. He again expressed his surprise at being able to pull out his purse in the dream without fear of losing something. In a conscious state he is hardly able to do this.

When he went to the park, he paid four *heller* for using a chair. He carried a book but he never read it. The examination of the chair, and the ground around it took his whole time, and he was compelled to apply extra measures so that no one should notice his behavior. In a similar way he counts the things belonging to him in his dream. However, he does not experience any fear.

Being a Greek (in the dream), he is removed from the fear of forfeiting salvation. He can entrust himself to Charon's boat: he can die. His suicidal tendency is clearly revealed and openly admitted. His deep feeling of guilt drives him toward death.

His mother's letter leads him to suspect her. The boat contains the tears which were shed for the prodigal son by his mother—the mother he loves and worships as if she were a saint, but whose chastity he must doubt nevertheless.

His pathological ambition is admirably expressed in the dream. He wanted to be the first in school and the first in life. Now he would be the first member of his family to enter the dark realm of Hades.

He compares the analysis with the task of Sisyphus. I, myself,

the ferryman, and he, the patient, are scooping dry the leaking boat. It is useless. All the memories are soaked with water, so the letters have become illegible.

Now we can understand why, in the dream, he did not worry about losing anything. The letters are wet, the memories destroyed, so he will not be able to drop a single word about the problem which depresses him so deeply.

The split in his personality is symbolized by the division of the boat. A mysterious motif, that of identification with Christ, the antagonist of Greek religion, is hinted at. (In the dream the river symbolizes the Styx as well as the Jordan). He has to pay, has to atone for his sins. But in his dream he has already paid for them, paid by his suffering and his illness.

After this solution was found (the mortal sin of the deceiving confession), an important improvement was observed. The patient, who for two years had not had a single erection, complained of a compulsion to masturbate. When I spoke to him of the harmlessness of masturbation in a physical sense, his reaction was exaggerated; he masturbated as often as ten times a day in order to force me to forbid him such abuse. This I did not do as a prohibition, but as advice and analytical clarification, as I was able to show him that he was endeavoring to put my doctrine to shame.

He left Vienna with his health restored and entirely free from compulsive ideas and actions. Nevertheless, I had overestimated the results of the analysis. That was in the first era of the analytical method and this patient was one of my first cases of compulsive neurosis.

I allowed him to return to his home town and to stay with his parents. I should have insisted upon total separation from his family. Since then experience has taught me that patients like this, when thrown back into their pathogenic surroundings, easily relapse into their illness, as new conflicts in the family revive their old attitudes.

At that time I did not know either that the patient had concealed from me the most important thing. The analysis took one and a half years, interrupted only in the vacation months, and we

married sister with a cavalry officer, an incident which upset his whole family. He drank and masturbated. It was at a time when the sister was visiting in his house.

The patient had produced a new symptom and wanted me to free him from it. He had the feeling that he, himself, was to blame for the behavior of his sister which dishonored the family. He should have devoted more time to her and discussed her marital life. Unfortunately, this was impossible because a strange feeling of reluctance always prevented both his sister and him from discussing sexual matters. They never kissed each other good-by, although in his province kissing on such occasions was the usual thing, even among strangers.

Now I realized that during the first analysis I had not taken the sister complex sufficiently into account. Then everything seemed to point to the mother; it was the time when the dominant star was the Oedipus complex, the significance of which was proved by our case histories. And yet, the first dream (raping of the small girl) should have warned me.

Now I asked him how much older he was than his sister. "Seven years" was his answer. That was the illumination I was waiting for! (His numbers 11 and 4!) But I remembered that previously, in the first analysis, he always had mentioned a difference of only two years. The patient then confessed that at that time he arbitrarily cut the difference to two years so that I could not suspect that he had abused the power position of the older brother. He did it because the first dream contained the raping of a small girl and he feared that I might ask him whether he had raped his own small sister.

Yet this was the case—and he had concealed the fact from me. He masturbated later with the image of playing with his sister; it was for this reason that masturbation became charged with such a deep feeling of guilt. The patient pretended to remember having touched only her infantile vagina and anus with his finger. However, his compulsive actions speak quite clearly: "*As a matter of principle,*" he would say to himself, "I don't put anything into that pocket!" So he again annuls a reality by transforming it into a

compulsive act, repeating it in a symbolic form and thus quieting his conscience. Purse, pocket and drawer symbolize his sister's vagina. The picture is complete when we consider the brother-in-law's statement that the girl was not a virgin and could not remember how she lost her virginity. Then I learned how to evaluate the veracity of fanatics of sincerity. In analysis they half-knowingly, half-playfully, conceal the most important things.

His fear of losing something was fear of losing his sister. In the first analysis he allegedly did not think of this possibility. Several days after this clarification, the patient left me, and I never heard from him again. In his case, the guilt felt because of masturbation was substituted for the guilt felt because of the rape. And even more oppressive than the guilt itself, was his desire to repeat the act.

As we see, this patient tried to, but could not, forget an early act. By an enormous emotional effort, he was able only to distract his thoughts from that memory and to direct them toward certain symbolic substitute actions.

Of even greater importance was his suspicion of his mother. He wanted to continue worshipping her, yet he considered her a hypocrite, a "Jesuitic" person. Did he identify his sister with his mother? Had he experienced something in his childhood which he did not want to remember? "Nothing is here, nothing is there," he declared in the course of his compulsive actions. Was there anything in his memory he could not get rid of, and which subsequently presented itself in a fear of losing something? The patient's premature departure prevented me from getting the answers.

There are compulsives whom the analyst never has a chance to see. They consider their compulsive actions to be temporary habits which will cease any day. They do not recognize that they have become slaves of their compulsive activity and do not ask for expert help.

Case No. 28. A business-man, twenty-eight years old, under the domination of a strong father, has developed a fixation toward his

stepmother and stepsister. His dreams and symptoms directed my attention to the possibility that, in his youth, he had attempted to rape his stepsister. He said he could not remember.

An outstanding compulsion—in addition to the excessive masturbation—was that he had to say aloud whatever came to his mind, and no matter where he might be. Of course, his thinking out loud was a conscious effort to suppress his conscience. It served to cover up memories he did not want to recall. His compulsive activity was a strange mixture of genuine compulsion neurosis and a device he himself created.

We have shown that masturbation is connected with a death clause. Compulsive actions, being substitutes for masturbation, necessarily include the same death clause.

Parents and educators attempt to build up a counter-compulsion against masturbation. Punishment and threat are used in such a way that they become sources of hatred against the parents. The child arrives at the formula: "You deprived me of this pleasure; it is your duty to provide me with another."

Consequently, in early childhood, incestual wishes develop, as well as an interplay between idea and opposing idea. The opposing idea in the mind of the child represents the voice of one of the parents or educators. Masturbation, originally an expression of libido, becomes a symbol of horror and of death drives. Masturbation unifies libido and death instinct as well.

We often note that death wishes against parents are repressed at first, but later add psychic emphasis to masturbation or to compulsions. This is precisely the neurotic defect: the patient does not want to think of something and is forced to think of it against his will.

We now arrive at the psychological function of obsessions and compulsions. In the case just described, the phenomenon of thinking out loud in stereotypic forms represents the wish to conceal the idea he does not wish to express.

Compulsions serve as substitutes for tabooed actions, which are not permitted to penetrate into consciousness. Obsessions serve the same purpose. The symbolization of daily life, the complicated activity which changes the patient's life into a difficult pattern of existence, the problems which he seemingly can not solve, are all derived from the fear of a vacuum in the patient's thinking process.

All obsessive patients suffer from this *horror vacui*, the fear of emptiness. They imagine they are able to think what they are not permitted to think, or that they can carry out what they are not permitted to do. The symbol serves as a concealment of the original idea. The archaic language of the symbolization helps to go on with this make-believe play forever.

We recognize in the case just described that the patient did not want to remember that he deflowered his sister. He preferred to reproach himself for his behavior toward his bride. In a similar way, he could not accept his death wishes toward his father and his incestual drives toward his mother.

As a consequence, the phenomenon of thinking out loud developed. It seems, however, that this was not sufficient to maintain his mental blindness toward the past. He needed something else. So he used the drug. The narcotic effect of the hypnotic drug, adalin, helped to create a pseudo-loss of memory and, at the same time, gave him a chance to reenact the traumatic scene in his dream. (We recognize here the compulsion to repeat the traumatic event.)

Similar motives were present in the following case. The compulsions served the purpose of filling the frame of daily life and of repressing meaningful ideas and impulses. This case which Loewenfeld describes as "compulsive memory," runs as follows:

Case No. 29. The patient is a student of medicine, twenty-nine years old, and comes from a family of neurotics. His father was a hypochondriac, his mother suffers from "nervousness," his sister from claustrophobia, a grandmother (on the mother's side) has neurotic difficulties. The patient remembers having attacks of dizziness between his seventh and eleventh years. He never lost consciousness, but he sometimes vomited. The dizziness ceased at the age of twelve, when he left the home of his parents and went to high school in another city.

As a child he experienced auditory hallucinations, sometimes even discussions of hallucinatory origin. He always realized that they were not genuine perceptions. He was a worrying child. He expressed anxiety when sleeping alone. Compulsive symptoms were present, too. For a while, he climbed stairs stepping with his right leg first. While walking, he counted the pavement stones, in order to omit some of them.

At thirteen, he awoke one night with a feeling of panic which lasted long after awakening. From that day on, he developed the phenomenon of compulsive memory which we shall discuss later. The patient reports about this period:

"Being unable to understand this abnormal event, I thought I was going crazy. I suffered much as a consequence—the more, because I could not trust myself to anyone. I cried a lot, especially when alone or in bed at night. My sleep was disturbed and before going to bed I always asked myself, 'Will you be able to sleep?' Despite my condition, I did not suffer any set-back in school. I regarded school work as the best possible distraction from my sufferings. As time went on, I recovered and in two or three years the symptoms disappeared."

Before reaching twenty, the patient became a medical student. About five months after passing his real medical examinations, the phenomenon of compulsive memory reappeared in conjunction with various emotional disturbances connected with the illness of a member of his family. The symptoms of his compulsive memory was not so severe as formerly. But gradually they reached their

earlier intensity. An apparently unmotivated anxiety introduces the symptoms of obsessive memory images.

The patient complains about pressure in the head which occurs after prolonged mental work. He complains also of loss of memory, lack of energy and fear of doing serious mental or physical work. He develops anxiety when alone and feels highly "inhibited." He complains about asthenopia (after prolonged reading) and hyperhidrosis.

As to his sex life: at the age of 17 a classmate taught him how to masturbate. He claims that he never masturbated excessively. He had had some heterosexual intercourse. According to him, masturbation as well as intercourse deteriorates his condition. He does not recall ever having had an emission.

This was his own statement regarding his compulsive memory: "A vivid memory of an event, which happened quite some time ago, suddenly reappears in my consciousness without being identical to a visual or auditory hallucination. Sometimes it is stimulated by present-day visual or olfactory perceptions. The compulsive memory differs from the normal one, the former being a dominating force in my consciousness. It cannot be repressed.

"It gradually disappears when I divert my attention but it emerges the same day again and again. It is accompanied by anxiety. This is probably justified by the fact that the present is 'devaluated' by the vivid memory of the past. In such a condition, I lose all hold on myself and become subjected to the impact of senseless ideas.

"Other compulsive ideas cannot be compared with a compulsive memory. In the latter, one's personality is entirely withdrawn from present-day surroundings and relationships.

"Compulsive memory images can be compared to vivid dream fragments suddenly emerging the day after the dream. While normal dream fragments usually fade away quickly, my compulsive memory images last."

As stated before, the patient's compulsive memory has no hallucinatory character. Its content refers invariably to scenes and

events of the past, usually ten or more years ago. He has the impression that the emotional aftermath of the original event was a depressive one. The events themselves were neutral, every-day happenings, not pleasurable, not painful, not interesting. Memories of recent events never emerge in an obsessional form.

Last year, for instance, the fragrance of flowers recalled a memory in the patient. He remembered seeing a corpse, surrounded by wreaths and bouquets of flowers. The fragrance in both instances was similar. He could not get rid of the compulsive memory for a whole day. The original event happened when he was fifteen and had not impressed him at all at that time.

Compulsive memories vary in duration. Some of them disappear in a few minutes; others remain stubbornly. During a class some time ago he could not get rid of the smell of coleslaw he had experienced thirteen or fourteen years before in the home of his parents. If the memory shows some permanency, it is filled with photographic details. For instance, the patient perceives in spring-time a certain winter landscape he knew in his childhood. He recognizes all the fine details. At other times, a picture of his childhood play-room emerges. He recognizes all the toys in the room.

He usually is able to tell where and when a certain event happened. He has an accurate recollection of the time and place of these scenes. He even remembers the weather conditions of the day in question and the persons who, by accident, were present at the event without playing a role. He is convinced that his memories are usually correct in every detail except in the cases of those which fade away quickly.

Often real experiences in the patient's present life stimulate compulsive memory images. Similarity or contrast between present-day experiences on the one hand and compulsive memory images on the other, play a decisive role. Memory images, recalled by the psychological law of contrast or similarity produce emotional disturbances. Reality and memory perceived by the patient simultaneously has the same effect.

What he calls "devaluation of the present" can be explained by the fact that his attention is focused more or less on compulsive

memory. The present fades away. The condition in which he finds himself by experiencing in turn compulsive memory images and genuine perceptions is not unlike a twilight state. He lives more in the past than in the present.

The experienced analyst will easily recognize the compulsive memory images as screen memories, described by Freud. The real, important memory image cannot reach the consciousness.

His attacks of dizziness at seven were the result of a trauma he had experienced at that time. Leaving his parents' home had a favorable effect. Under the influence of a dream during puberty, a feeling of panic developed. One important memory was on the verge of becoming conscious.

The fear of insanity always reappears when a repressed idea nears the focus of consciousness. His asthenopia proves his wish not to "see" the one decisive memory image. He elaborates on the details of the compulsive images. It is the same trick as the "thinking out loud" of the patient described earlier. He admits finally that during the time of his compulsive memories he finds himself in a kind of twilight state.

The main emphasis is on the question of whether the decisive memory image is in the consciousness or in the unconscious. Does he or does he not know what it is he does not wish to recall? Is he consciously repressing a painful memory?

We shall discuss this question in the next chapter. Now I wish to mention only that the patient masturbates excessively. Were we to know his masturbation fantasies, the whole picture would be more understandable.

One thing is certain: the patient fights against a painful memory. This is common in all compulsives, though the form the fight takes against a reappearance of a decisive memory is different. It seems to be a fact that in such cases the conscious experience of a real event is annulled and projected into a fictitious world. This fictitious world penetrates the real one, overpowers it. The traumatic event cannot reach the focus of the conscious. However, the process of annulment has its limitations. Compulsive actions and ideas reenact the meaningful memory in a hidden, symbolic way. They

are like those puzzle drawings, in which the hidden figure cannot be recognized immediately.

The compulsion to remember is present in all cases. It is, however, displaced from the painful, emotionally charged experience to the seemingly harmless event, which repeats the traumatic scene. The painful and harmless events are related to each other as the two parts of an equation.

Chapter Seven

*

THE ROLE OF THE UNCONSCIOUS IN COMPULSIVE DISORDERS

*Faith is good to rest upon, it does not
move; but doubt blasts the gates of hell.*

STORM

WHEN TRYING to explain my idea of the nature of the unconscious, I am setting my foot on slippery ground. Calling the unconsciousness (with Nietzsche and Groddeck) the *id* is the fashion of the day. It is a short and handy expression and it represents the antithesis of the *ego*. Freud, by giving one of his books the title *The Ego and the Id*, pointed to the fact that psychoanalysis deals with this contrast between the two.

The word "id" sounds impersonal, neutral and strange, neither masculine nor feminine, like a thing, but by no means a thing without importance.

Recently the role of the *id* has been so much overestimated as to reduce the poor *ego* to a mere appendix. The *ego* appears to lack power and influence.

Considered as an heuristic method, the operation with the concept of an unconscious proves to be eminently useful. It

serves as a sort of psychoanalytic attic where everything is thrown that does not fit into other systems: resistance and transference, hatred and love, ideals and vices. All these are qualities lying in the id, waiting eagerly to bring themselves to the attention of the ego, which they in turn can torture, rule and reshape.

Consciousness and unconsciousness can also be well presented in a graphic way. To the scheme Freud later added a kind of purgator: the preconscious. Very recently a superstructure was erected, the ideal ego, also called "superego."

This pattern is both simple and comfortable and one is so easily taken in by it that for a long time I, too, accepted it. The dream, the slips of the tongue, all symptomatic actions of our every-day life, hypnotism, sleepwalking: all bear testimony to the existence of the unconscious. Was it not our purpose to make conscious the unconscious through analysis?

Like the rest of my fellow analysts I was living on the unconscious of other persons. This proved also a thing of much comfort as far as my relation to the patients was concerned. When you found in him incestuous impulses which he refused to recognize, you had recourse to the unconscious. If he had criminal impulses, he was exonerated on account of the "archaic unconscious," representing the "phylogenetic mneme," the thing called "collective unconscious" by Jung. The patient as such was free of guilt, he was not to be taken to account for his unconscious impulses. The psychoanalyst could never be wrong, because to prove his assertions he always could refer to the unconscious of the patient.

So the id was even more than an attic. It was the scapegoat upon which we loaded all the sins of the patient and our own sins as well. If the patient did not recover his health, well, then his id was not inclined to allow him to be cured. (If he was cured the credit had, of course, to go to us.)

In the interpretation of dreams our combinative skill had full scope; it was able to confound the wicked id of the strangest aberrations. The sharpest contrasts between the ego and the id emerged. If there was anything to justify the supposition of an unconscious it was the marvelous progress made by dream interpretation as well as the discovery of the relationship between the dream and the neurotic symptom.

When I now take a further step and take my stand against the current hypothesis of the unconscious, I am aware of the fact that the very foundations of the analytic technique will have to be changed. The vistas reveal themselves as the final stage of analysis. The beginning of analysis will remain virtually the same. However, the attitude the analyst assumes toward the patient will be changed from the very onset. He will expect less of him and rely more on his own intuition.

All psychic processes are capable of becoming conscious. I do not believe that in the psyche there are thoughts incapable of becoming conscious, or thoughts which can become conscious only by the psychoanalytic process.

This view is not quite new. I have held it for a long time and I have suggested that the word "unconscious" be replaced by "paraconscious."¹

Schilder² also displays a sceptical attitude toward the unconscious: "Having discovered the unconscious system is Freud's master achievement in psychology. Independent of the quality of 'consciousness,' the unconscious system points to a very specific working method. Freud ascribes to it: possibility of displacement of accent, absence of contradictions, timelessness, and replacing of outward (objective) reality with psychic (subjective) reality. Or, to give the idea some broader develop-

¹ Cf. my paper "Vom Nichtsehenwollen," in *Masken der Sexualität*, published by Paul Knepler, Vienna, 2nd edition.

² Cf. *Der gegenwärtige Stand der Neurosenlehre*, *Klinische Wochenschrift*, 1927, No. 2.

ment: in the unconscious system instinctual impulses are arranged side by side; they never contradict one another. Inside the system there is no negation, no doubt, no gradation of certainty. Through the process of displacement an idea can convey its entire emotional charge onto another idea; by way of condensation it can attract all the charges of several ideas to itself. Such happenings are neither arranged in a temporal sense, nor are they subject to change by the lapse of time. Scientific criticism did not address itself to these basic questions of the unconscious system, or did so only to an unsatisfactory extent. These problems, however, transcend very much the question as to the existence of the psychically unconscious. I myself, though standing on the ground of psychoanalysis, do not believe that there is such a thing as the psychic unconscious; I am seeking the reality of experiences of the unconscious system in experiences made on the fringe of consciousness as they become known to us through the research of the Kuelpe school, and, even more, the Buehler school."

You can see that Schilder, while praising Freud's master achievement, rejects it. Does not all this amount to the affirmation that the unconscious system has proved useful only as a temporary working hypothesis?

Does psychoanalysis prove the existence of an unconscious? Is it capable of evoking memories which had been absolutely unconscious prior to the analysis? This is the main question.

After an experience of twenty years I can look back only to very few moments when I was told by patients: "Such and such recollection is absolutely new to me. It was entirely repressed."

I am not able now to re-examine these rare instances. But I have a hunch that in these cases I was dealing with excuses by patients for having concealed the truth for so long. In most cases it is only toward the end of analysis that the patients tell

us a certain important thing. Then you may be astonished and ask them why they did not mention it before, and you may get the answer, "I forgot it," or "I didn't think of it!", or "I have often wanted to mention it, but during the sessions I forgot it!", or "I didn't want to tell it so that you shouldn't triumph so easily."

Our thinking is a polyphony. There are always several thoughts working simultaneously, one of which is the bearer of the leading voice. The other thoughts represent the medium and low voices. The dream does not cease to be dreamed during the day. At night, the low voices of the dream take the lead.

In this framework the whole material with which we deal in analysis is capable of becoming conscious. It is to be found predominately in the lower voices. It is covered up by other voices. To quote Klages, the thing in question is not so much a thing that is not thought as one that is not recognized.

Obsessions have the function of subduing the voice of more important ideas. Compulsions are substitutes for actions which had been rejected by the moral ego. Affects in compulsions cover other and deeper affects and impulses. We must consider here the histrionic nature of the patients. They are acting both for us and for themselves. They do not want to see the truth, nor do they want to hear it. They play all sorts of tricks to persuade themselves that a given thing is unknown to them.

Herein lies an important source of doubt. It is the legitimate doubt concerning themselves, the doubt which can never cease to express itself, because there is always a counter-voice speaking up. (Do you know it?—You don't!)

And now I wish to present a case which gave me the key to some of the phenomena I have described here.

Case No. 30. Erna, twenty-one years old, came to me with her mother a short time before her intended marriage. She assumed an artificial posture which gave the patient the appearance of being

pregnant. This symptom had first appeared six months before she consulted me.

She was afraid of the sewers in the street and lately developed a fear that she might lose her virginity by taking a bath in a bathtub in which a man had bathed before her.

She refused to take a bath as she feared that a man may have masturbated in the bathtub. A sperm might enter her vagina and impregnate her. She performed elaborate ceremonies before taking a bath and in the process of washing the bathtub. Similar actions took place before she would sit down on a toilet seat. Nor could she feel secure on easy chairs and couches, for there, too, she might be contacted by a sperm. Pointed objects troubled her as they might penetrate her vagina and cause her to lose her virginity. She dreaded being in crowds, for men might deflower her against her will. She walked in a tripping fashion, making small steps lest a careless stride injure her hymen.

Analysis revealed peculiar conditions in the patient's home. Her parents were divorced, and her mother remarried and had two daughters by her second husband. The patient's stepfather was a tyrant. He favored the patient and forced her to sit on his lap while he kissed her passionately and played with her bosom. Whenever she resisted he became very angry and roared like a bull.

She was not allowed to lock the bathroom door when she washed. He maintained that a daughter should not feel shame in front of her father. At first I suspected that the girl was attached to her stepfather and wished to be deflowered by him. But soon new symptoms appeared, the principal being a fear of sewer grills. A pointed object might stick out and hurt her hymen as she passed. Later she developed a fear of pins, which she regarded as potential weapons of defloration. She used a complicated system for ascertaining that no pins were left in her clothes or in the bed. Incessant doubts in her perceptive ability caused her to repeat the examination of the suspected material again and again, and often prevented her from going to sleep.

She was engaged to be married, and maintained that she loved her fiancé passionately. Physicians advised marriage for thera-

peutic reasons—she then would be deflowered in reality and thus lose her fear of defloration. But she refused to marry before she had been cured of her neurosis.

Very often the patient had to ask her mother to examine her bed in order to make certain that there were no pins in it. Apparently she needed assurance from a person whose attitude towards pins was less emotionally charged than hers. Pins were at first interpreted as the equivalents of sperms and the phobia was considered a fear of pregnancy.

The patient's mother was ordered to let her daughter sleep in another room and to prevent the stepfather from entering it. (This order was never carried out.)

The patient was advised to get a job so that she might reduce her day-dreaming. She became a filing clerk, and by a strange coincidence had to use pins frequently. She fulfilled her duties without a trace of anxiety.

At first, the treatment showed no progress. She was very talkative and freely described her symptoms in detail. But she brought only a few dreams.

One of her dreams was as follows:

On the street I am pursued by a fish. I run into the streetcar, the fish chases me and touches me from the rear. I awaken in fright.

One day she reported another obsession. *She had the idea that a part of her body was missing; something in her extremities, her arms or legs.*

Whereupon I said to her: "My dear child, you are trying to fool me; you aren't a virgin any more." She protested, hemmed and hawed, and finally admitted that I was right.

A boarder, who lived in another apartment, once visited her at night, sat her on his lap and introduced his penis from the rear (see above dream). He proposed to her, but she refused to marry him.

(She later wanted to show how one can lose her hymen without indulging in intercourse, climbing over fences, etc.)

At this point I wish to insert a remark of general relevance. There is no hypothesis, no crazy idea, no supposition that com-

pulsives would not develop as though it were a proved fact. The only condition is that the idea be really false. These patients are shrewd indeed, as they secretly triumph over their analyst. They follow him on any path which they think might get both doctor and patient away from the source of the disturbance. They are even capable of admitting traumata which never occurred, of interpreting trivial experiences as traumata, all in their eagerness to prevent the revelation of their secrets and the destruction of their fictitious world. Hence also the enthusiastic acceptance of the castration complex by these patients. I remember my early days of practice when I allowed my patients to trick me by their acceptance of the errors I made. Truth is the thing against which the patients struggle most arduously.

In the case of Erna, we were able to see the birth of a neurotic symptom. First the patient mounted the stage and became involved in her own play, and finally she went so far as to be able to believe in her own virginity. All the time she was conscious of the fact of defloration. But by a strong emotional display during her anxiety attacks, she was able to annul this fact, and to act as if she were still a virgin.

Annulment is temporary forgetting as a result of an emotional turmoil. The deeper strata of the patient's mind refuse to accept the fact. Erna could not achieve a repression (which, in my opinion, does not represent a transformation into the unconscious, but a transformation into the paraconscious). Behind all her histrionics there was an audible counter-voice. "Oh, but you are no longer a virgin!" She had to fortify the leading voice in order to silence the counter-voice.

We regard annulment as playing with a fiction, with an "as if" (Vaihinger). Since a transposition into the accompanying voice proves a failure, the leading voice is strengthened by emotional excitation and finally its content is substituted by the opposite.

Erna finally had to admit that she knew of her experience since the beginning of the analysis. Later on she tried to convince herself that it was only a dream. She devaluated the reality and elevated her fiction to the rank of a reality.

It was always in a state of intense excitement that she came to the analyst. By working up her affects she got herself into such a state of agitation, that she was not able to speak of anything but her misfortune. We also see here the psychogenesis of doubt. She had finished the examination of her bed. There was no pin in it. And yet she doubted her own perception. Mother and grandmother had to check her observations, but after this was done, she remained as restless as before.

The fiction took its revenge through doubt. And yet inwardly she also doubted the genuineness of her sickness, because she knew that in the beginning she had only acted it. Almost any compulsive disease begins with playful acting. It would be an error to suppose that, complicated as they are, the compulsive symptoms immediately comprise a system. In the beginning, those symptoms are staged by the patient himself, who appears to perform the play for himself. They start from a nucleus around which layer after layer develops, until eventually an entire system crystallizes.

In the case of Erna it was the difficulty of the pre-marital situation which led to the first playful action, and this was pure and simple acting. She was looking for pretexts which could explain away her lost virginity.

It is interesting to see how the whole traumatic scene was repeated in the play. The delay of her contemplated marriage had more than one motive. There was first the fact of her accomplished defloration, there was secondly her love for the singer and, thirdly, her fixation to her stepfather.

I have already mentioned that in the first stage of the analysis, I asked her mother to see me, and I also suggested that she take her husband to account. Her daughter, I told her, should have the right of closing her door.

The mother promised me to do what I asked her. But she was afraid of the brutal husband and, finally, after a second talk I had with her, she told me, "But Erna herself does not want the door closed."

This information coming from the mother reveals the patient's play-acting. The practical results of this insight proved very re-

warding. I advised her to tell her fiancé the whole truth. I do not know whether she followed my advice or not. After three years I found her in the best of health.

It is not often that we can force the patients by surprise to tell the truth. Recently I often had recourse to the pretext of sham-hypnosis. I stroked the patient's forehead once or twice. The patient's eyes then closed and I ordered her to tell the truth:

"You will remember exactly everything you don't want to remember," I said. And reluctantly and haltingly first, but fluently and explosively after a while, the truth emerges.

I always applied this method toward the end of analysis at a stage when I knew exactly what was at stake and what point I wanted to reach. Applied at the beginning, the same method would have no value. Any relief would be temporary, for at this stage preparation and educational work by the analyst would be insufficient.

The patient must be rendered accessible and receptive to a given truth. We must not forget that he has become afflicted because he could not or did not want to see the truth. There are many cases in which we must resign ourselves to keeping certain experiences out of the focus of the patient's awareness.

This is so because the will not to see is in itself an attempt to ward off recovery. If this were not the case, the cathartic method of Frank, in which the patient is hypnotized (semi-hypnosis) and the "trauma" is "abreacted," would be by far the most ideal method. But it is not. First of all, the patient must be prepared to receive the truth and to accept insight.

Perhaps my next case will best illustrate the method as well as the relationship between conscious and paraconscious memories.

Case No. 31. Miss Kathe L., aged twenty-three, suffers from depressions, doubts, and compulsions. She believes that a slap in the face, given to her by her brother two years ago, was the cause of the disease. She was employed in her brother's store as a book-keeper and salesgirl. They were getting along well until he got married. Later his wife took over the store and there was much friction. Once Kathe expressed her resentment about her sister-in-law's dominating ways, and her brother took his wife's part and gave the patient a slap on the ear. She left the store in tears and swore that she would never work for him again. He later apologized, but she remained steadfast. He then began to use pressure and threatened to stop supporting their mother unless she returned. The patient vowed, however, that under no circumstances would she ever work with her sister-in-law in the same shop.

Later a superficial reconciliation took place. Her present illness consists of doubts as to whether or not she locked her doors at night. She must try the locks countless times. Every closing and opening is connected with doubt.

Also, reality doubts exist. "Is this really a paper? Is this really a table? Why do things have such funny names? Why names at all? Why is my boss' name *Grieshaber*? Has he *Gries* (farina)? Why *-haber*? Perhaps it was *Liebhaver* (lover) before? And why *-haber* (one who has)? Has he? Did he have? Whom did he have?" Such questions torture her from time to time.

She indulges in many ceremonials, particularly before going to bed, a procedure which requires about two hours. The "closed" and "open" game plays a great part there, and also other compulsions such as, washing, straightening of clothes, etc. Then comes the key and her purse. The purse must be on the center of the chair on top of her clothes. The key is on top of the purse which must be slightly opened, *while the door key is partly pushed into the opening of the purse.*

A number of compulsions pertain to the watch. She doubts that the watch is wound up or that she can hear it ticking. Often the patient's mother arises at night to establish this fact.

At night the patient listens intently to ascertain if her mother is breathing, if she is asleep, or if she is dead. Sometimes her doubts make it necessary to awaken her mother.

It was not difficult to realize that because of a strong brother fixation the patient was jealous of her sister-in-law. But it also came out that the brother was equally attached to his sister, for he insisted that his wife and sister dress alike. When he bought a dress for his wife he always bought the same kind of dress for his sister. Up to the time of his marriage he was very attentive to her and showered her with gifts.

The analysis progressed very slowly. The patient was strongly inhibited and admitted that two voices in her mind were constantly struggling. They commanded, "Say it," and "Don't say it." Even in one of her dreams she heard a voice: "Don't say it or else you will be cursed!"

In a hypnotic session she was ordered to produce a relevant experience. Under strong resistance she visualized a scene in which, at the age of fifteen, she was in her brother's bed one Sunday morning, when nobody else was at home. "I was exercising on top of him," she added. Later, she confused this experience with an older one which had taken place when she was about ten. At that time she had sat on his lap and "felt something hard." She sat down on his penis. "No, I will never marry," she exclaimed at this point. "He dares to slap me. I will make him pay for that!"

A gynecologist was consulted. He found that the hymen was absent.

This patient, of course, had not forgotten her experience; she had annulled it, because she did not want to remember. She built a wall of affect around herself with the aid of her compulsions. But in the ceremony before retiring, particularly in the ritual involving the purse and the key, the repressed material broke through in disguise.

Under intensive questioning and under the pretext of hypnosis which permitted her a retreat, she eventually remembered all her experiences.

Compulsives who ostensibly have poor memories are actually people who cannot forget. Injury, in particular, can not be forgotten. Their thirst for revenge is unquenchable. Often these patients are taking revenge on their parents for an insult experienced years, or even decades, ago. With their obsessions and compulsions they repeat the humiliating scene of the distant past. Their obsessions are like the slaves calling out to Xerxes, "Master, remember the Athenians!" Patients, who complain of a poor memory, may in analysis stubbornly recall insignificant remarks made by the analyst. They may insist adamantly on the fulfillment of perfunctory agreements, and remember all details involved. But they easily forget what they do not wish to remember.

Case No. 32. Fritz K., a healthy youth of seventeen, has been suffering from compulsion ideas for the past four years. He is an only child and very much attached to his parents. His mother is physically healthy, but neurotic, while his father has been suffering from *tabes* for the past ten years. The patient is dominated by only one obsession, namely, the compulsive fear that his parents might die. He is forced to pronounce a compulsive formula whenever this thought occurs to him: "Oh Lord, let my parents reach eighty years in peace." At the same time he must touch the table, the chair or some other object with three fingers of his right hand, exerting an even pressure.³ He alternated the fingers; most frequently he used the thumb, the little finger and the middle finger.

His illness began when he left his home to attend a private school. He was a spoiled child. From early childhood on he was afraid of

³ It may be worth noticing that a large number of compulsion neurotics try to do everything in a "balanced" way. The shoes have to stand neatly in front of the bed. Both legs have to come out of bed at the same time. In prayer, the hands have to be pressed together evenly. Many of the compulsory investigations of the patients refer to symmetrical arrangements. They crave harmony. They would like to see everything evenly distributed in their souls, but the dominating elements alternate. Sometimes one part of the ego proves stronger, then another. In this striving for balance we can recognize an expression of bipolarity. (See also *Case No. 11*, p. 106.)

the dark, had to sleep in his parents' room, with the light turned on. He used to get into his parents' bed, sometimes that of his father, sometimes that of his mother, most frequently taking a position between them. Then he felt safe and protected.

During the last year he studied in L., where his condition grew so bad that he was afraid he was losing his mind. He was unable to study and had to struggle with his obsession all day long. If he came across the word "death" or "dying," or if he met a hearse or a person in mourning, his obsession grew in intensity. He decided to die together with his parents. Then he resolved not to marry, because in that case he would have to go on living for the sake of his wife and children in spite of the death of his parents.

To his obsession he soon added the "ghosts." These ghosts consisted in the fact that he imagined that the letters occurring in the words "Death and Curse" were located in the body of his mother. He had to struggle against this vision. He struggled until he imagined that the letters had been replaced with those making up "Happiness and Bliss." With this he imagined his mother's body, her inside, her heart, her blood vessels, and thought: "No—such a pure and beautiful body can contain only good letters and good words."

The formula underwent frequent changes. He began to philosophize. He wished his parents utmost happiness. Then he reflected: "What is happiness? Happiness is something relative. To each person happiness means something else. There are persons to whom even death means happiness." This is how the dreaded word "death" associated itself with the word "happiness." It had to be eliminated and replaced by another. Finally, he arrived at a formula in which he wished for "peace."

When he noticed a stone, he had either to step on it or to jump over (tombstone?). The same applied to a ditch (in German, *Grube*, association with "grave"). He had to jump across or step into it. Later he felt doubt if he had done everything correctly, and an annoying repetition compulsion followed.

Notes from his diary:

The closer I come to my dear mother and father the happier I

feel. Life is only tolerable if one is loved as I am loved by my sweet mother. And father. I must not forget to write to my father.

My life is worthless. What do I get out of life? I wish I would die right away. I am so depressed, sometimes I think I am insane. I won't live long. Depressed persons don't live long.

I distrust all people. Without undue vanity I can state that I am a kind person. I love my parents more than myself.

How can I believe in my parents' love if they get angry whenever I forget to greet them, due to my absent-mindedness. I don't believe in anything any more. Don't I love my parents above all else? And still we cannot reach harmony. Instead of using their leisure for reading or study, they do things which are harmful to themselves. If my life goes on the rocks it is my father's fault. Why does he want me to become a doctor? I should have gone to a commercial school.

Is there a God? No. I don't think so. There is only blind fate, but no God. I have not enjoyed life yet, and still, I would prefer to be dead.

I can only repeat: It is a misfortune to be born. (More lamentations about the purpose of life and about his laziness.)

I am a terrible person. I think of nothing but the death of my parents.

Patients of this type claim to be unable to remember their compulsions and obsessions. The information is offered in fragments, over a prolonged period of time, and often the most important facts are withheld.

Whenever Fritz wishes his parents a long life he sees the number 80 in his mother's body. On such occasions his inner insincerity manifests itself in various ways. Sometimes he sees only an 8 or a 0, or the 80 is torn apart. Then he has to struggle in order to arrive at the required life-saving formula: "I'd rather die a horrible death than wish my parents evil." He finds that he loves his mother more than his father; and he attempts to equalize his love for them.

He does not always place the "numbers" or "Death and Curse" in his mother's body. He places them in the shadow of his parents. Into these shadows he projects his obsessive ideas.

He claims to have had an important dream. Having forgotten it he offers some written notes, from which we gather that he has had an incestuous fantasy of which he must not become conscious. He thinks that his illness is the consequence of masturbation and of emissions, because he was in the habit of retaining the semen instead of permitting himself to ejaculate. He used to suffer from a paralyzing headache. The connection between sexuality and obsessive ideas creates the hypochondriac fear that the semen may penetrate into the brain and paralyze it. The only time his head feels free is after an emission (fulfillment of the incestuous fantasy).

During the act of masturbation his head felt heavy (repression of the specific fantasy), but after it he slept well. He is a sound sleeper and cannot remember his dreams (which is characteristic of such patients). He falls asleep amidst obsessions, and they reappear immediately after he wakes up.

Often he thinks of complete strangers as his father and mother. Then he creates this formula: "Rather than accept them as my parents, I should like to die a horrible death."

Since life means nothing to him he knows no fear. His only fear is that for the life of his parents.

He is very ambitious and always wanted to be the first in everything, but he does not like to work. Could he be so mean as to be waiting for his parents to die in order to inherit their money? He is sorry for being rude to his mother sometimes. "Rather die a horrible death than be unkind to her." And still he insults her quite often and flies into a terrible temper at the slightest provocation.

The first dream he reports portrays a family drama in which a mother is shown with two men. In it a mother also "plays with her son." He admits that even recently his mother has been present when he was taking a bath and that she often washes him. She even washed his genitals until his fourteenth year. He admits having had incestuous dreams and fantasies. He claims, however, that he never has his mother's image before him when he masturbates.

His second dream:

I buy a little piece of bread in a delicatessen store. I am to pay one shilling or ten shillings. I leave. The girl shouts after me asking me to convey to my mother her best regards.

Before this dream he had an emission. He cannot remember the accompanying dream.

Both dreams contain accusations against the patient's mother. From the first dream it would appear that his mother abused him sexually, from the second that he had to pay for it dearly. The second dream reveals a profound feeling of guilt.

Here I want to point out a frequent phenomenon. It is the compulsion to think thoughts through. This thinking through, however, must take place in the same spot and in the presence of the same persons where the thought first appeared.

We see clearly that we are dealing here with a recollection which must not be followed through, neither in the presence of the same person nor in the same spot. It is a struggle against a specific recollection. The patient asks himself: How was that? Of what was I thinking at that time? What did I do?

It seems that Fritz once witnessed a scene in which his mother was unfaithful to her husband, as can be gathered from the following dream: *An apprentice in our store has insulted my mother. I kick him and knock him down.*

One morning, after an emission, he had an hallucination. He saw a penis in the body of his mother. He thought: "This cannot and must not be the penis of anyone but my father."

After that he has another hallucination, half dream, half vision:

My mother is in the room with two young men. They want to have intercourse with her. She refuses. She is in the room with my aunt. Then the men want to leave. They are as far as the door, when my mother calls them back. Both of them first play with my mother, then one goes to my aunt, the other to my mother, and each couple has intercourse before my eyes. I am a small child sitting on the floor and looking on. I got my aunt into the dream by force, so that each man had one woman because I disliked the idea of my mother having intercourse with two men.

He tried to produce an association. He began: "My aunt's hus-

band and my father were partners." Then he strayed from the subject.

Today he saw penises before his eyes. At once he took an oath: "They must not touch my penis, my mouth, my anus." Nor are they allowed to touch his father or his mother. It is very difficult to erase the penis out of the picture of his mother.

Whenever he spoke of his homosexual fantasies he had a curious sensation on the tip of his tongue. First he did not want to hear of fellatio or cunnilingus. Only after several days the hypocrite confessed that he watched a cunnilingus act between his parents. He slept for a long time in his parents' room. He had a chance to watch their intercourse and other scenes whenever he was not asleep. He lay in his mother's bed up to his fifteenth year and often spent the entire night there.

He often doubted whether I heard him when he spoke indistinctly. He recalled that his parents sometimes spoke indistinctly and he could not understand clearly what they were saying.

He had a characteristic dream:

My parents and I are in the car. Also the chauffeur and a girl. My mother sits down next to the chauffeur and says to me, "Don't masturbate." The girl says, "Do masturbate." I grab her hand and wake up with an emission.

His associations in connection with this dream revealed that he was jealous of the chauffeur and often took him to task. His mother was very friendly with the chauffeur, who frequently took liberties with her. His father was also very jealous of him.

The next day he offered an important recollection. He saw his mother and his cousin sitting on the couch. His cousin held his hand under his mother's buttocks. The boy began to cry and was put to bed. However, he crept out and, peering through a crack in the door, he saw his mother kiss and embrace his cousin. He does not know if that happened in a standing or lying position. (I am under the impression that the patient tried to make the situation appear a little milder in order not to throw too much blame on his mother.)

Last year he asked this cousin to wrestle with him. In a rage,

the boy knocked him down and, no doubt, would have strangled him if his mother, who was present, had not interfered.

For ten years the love scene between his mother and his cousin had been dormant in his memory. For ten years he had entertained thoughts of revenge and waited until he would be strong enough. Finally, he got his chance. Nobody would have suspected the boy of possessing so much strength.

He is constantly dominated by the idea that he might kill his mother. Where she is concerned he invariably loses his emotional balance. Yesterday she wanted to straighten a picture hanging above his bed. She stepped on the white sheet. He became terribly upset and made a scene because she had soiled the bed. (He wanted to see his mother pure.) She grew angry and said he would end up as the murderer of his mother. He then flew into a rage and asked her to take back what she had said. He kept torturing her until she finally said: "I take it back. You will never become the murderer of your mother."⁴

He is at the moment sixteen-and-a-half years old. He is afraid he is going to kill his mother when he is eighteen. The eighteen reminds him that his mother had advised him to remain chaste until eighteen. (To have intercourse with other women means to kill the image of his mother.)

Suddenly he surprises me by saying that he has visions of having intercourse with his mother. When he was about fifteen, they stayed over night at a hotel where only a single bed was available. He slept in it with his mother. He remembers that he had a vigorous erection and that he touched the body of his mother with the end of his penis.

Here the recollection breaks off. He is not sure how far he went that night. He remembers clearly the beginning of the scene. His

⁴ This is very characteristic of compulsive neurotics. They often force a person of their environment to retract a sentence or to undo some act because they are afraid of their own ideas of revenge. Besides, being superstitious, they interpret such sentences as curses which might come true. The power to undo what has happened plays an important part in the mechanism of compulsive behavior. The compulsive act is not only the regression from act to thought; it re-establishes the situation as it was before the act. It annuls the act. It undoes what has happened.

mother was turning her back to him. He pointed his penis towards his mother's vagina...then he becomes excited and shouts, "I don't remember any more what happened."

But it seems that such scenes were by no means confined to the past.

Yesterday his father went on a trip. In the waiting room of the station there was only one vacant chair. He sat down on it, and his mother sat in his lap. He had an erection and covered his penis with his hands. The next day he corrected his statement, saying the scene had taken place in their apartment. The scene is followed by the usual chain of obsessions.

His mother had asked me at the first interview if he should not go to a girl. Her idea was that intercourse would cure him. She got his father to take him to a brothel. That had been the day before. He had had no orgasm. Afterwards, he had to give his mother a faithful and detailed description of the event. It was a strategic move on the part of his mother against analysis...

He arrives all excited. His mother had made him tell her exactly what had happened at every session. Only after I forbade him strictly to do that again did he resist his mother's demands. Now his mother begins to criticize the analysis. After all, he does not have to tell everything, he might embarrass the family, there is no point to the whole thing, etc.

This is the last time he has come to see me. I ask him if he remembers what he told me yesterday. First he does not want to remember anything. After a while, however, he confesses that he has always known about the attempted intercourse with his mother.

Now the entire design of his illness becomes clear. We have before us a boy who is crushed under the weight of several severe traumata. In his youth he saw his mother having intercourse with two men, then came the scene with his cousin; his uncle and the chauffeur also came into the picture.

This eternal struggle to keep all this out of his conscious mind is a crushing experience. We understand why his condition grew worse when he was separated from his mother and sent to L. He had recently followed his mother around everywhere, as though he

were her custodian. He was even jealous of the doctor who examined her. In L. he fell ill so that he might come home.

At present he never loses sight of his mother. He has to know where she is going, how long she will stay away, at what time she will be back. She comes to my office and complains of her son's continuous spying. She thinks he would be cured by intercourse with prostitutes, forgetting that she herself has asked him to remain chaste until his eighteenth year. She tries anxiously to find out what her son has reported to me; he is a dreamer. I should not believe everything he says...After this conversation I never saw either of them again.

From the very beginning I had suspected that something must have been going on between mother and son all the time. His mother impressed me as a nymphomaniac. Her manner of expressing herself, the way she talked about her son's sexual life, spoke a clear language. The patient's uncle, the partner of his father, had also been a lover of his mother. During the last session he advanced the suspicion that he might be his uncle's son.

At the time he had the dream about the delicatessen store, his mother discussed with him the plan of sending him to a brothel. The salesgirl (prostitute) sends his mother her regards. This is an identification of his mother with a prostitute.

In one of his dreams he jumps on his mother who is going down a hill on a sled. With whom is she going down into the depths? The dream says laconically, "My father was also there." The patient sees himself on the gallows. Is he not a criminal, guilty of incest?

When, in the other dream, the apprentice insults his mother, he knocks him down. We know that it is the patient himself who has insulted the image of his mother.

When, in the "car" dream, his mother warns him not to masturbate, this seems bitter irony in view of her own behavior. It is reminiscent of the joke in which a little boy watches the intercourse of his parents through the keyhole and exclaims, "And those people want to forbid me to pick my nose!"

Which experiences remained unconscious? He sees the scene

with the two men before his eyes. It bothers him, so he forcibly introduces his aunt. Does that mean that the two men were his father and his uncle? The scene with his cousin is much clearer. However, in this case the recollection seems to be interrupted. He is put to bed and returns in order to see what follows. Had the analysis been continued, the truth would have come out.

Case No. 33. Thea, a flirtatious and remarkably attractive woman of thirty-six, comes to my office to ask my advice in a delicate matter. She usually slept with her seventeen-year-old stepson. Last night she awakened and found the lad on top of her, performing intercourse. His eyes were closed and he moved as though in a dream. She did not want to disturb his sleep, so she did not resist. Now she reproached herself. Moreover, she wished to discuss other difficulties of her boy. Recently he had become irritable, argumentative, aggressive. He was a failure in school although he sat over his books for hours. He simply could not learn.

I have the boy come to my office to talk about his school work. He is a strong, athletic, highly intelligent youngster. I withhold mention of his strange sexual relationship, but ask him what troubles him when he studies. He describes a process known as *manie de perfection* (Janet). He has to underline all the words in his books, he has to read each line several times, and despite this diligence, he does not know what he has been reading. It is impossible for him to concentrate in school, and sometimes he dozes in the classroom.

He describes a number of obsessions and compulsions. I wait for him to speak about his stepmother. He tells me that since early childhood he has been accustomed to seeing her naked. He sees her dress and bathe, exercise in the nude, and pose seductively. When the father is away the woman and the boy sleep together. The father stays in another town most of the time, while the mother studies painting in the home city.

The youth says he loves a girl, and his stepmother is trying to break the match. His love for the girl is spiritual. He also has one physical love, but he can not talk to me about her. A few days later

he admits that his stepmother is the physical ideal, and that he has been having intercourse with her, always *while she is asleep*. He is surprised that it is so easy to turn his mother over and to lift her on top of him. She seems light as a feather when she slumbers. He always puts her on top of him!

I could not learn how long this affair had been going on. At first the lad admitted only one intercourse, then several, then he conceded that sexual relationships had been frequent for months. I suspect that it is this position in which he must first have been seduced by his stepmother.

All this time, each staged an act for the other. The mother pretended to be unaware of the events during the night, and he did the same. He was even firmly convinced that his mother had no idea that intercourse was taking place. For during the day she was malicious and strict with him, especially when he talked about his love for the girl. She was also jealous of the housemaid. The son responded with the same jealousy. He watched over his mother intensely, suspected her painting teacher and her piano teacher, and could find no peace of mind at school because he was thinking all the time, "What is your mother doing now?"

The boy's progress in school became so bad that something had to be done about it. His father's return was indicated. Then his mother came to my office. I tried to indicate to her that I knew the affair with her son had been going on for some time. She denied it, swore that she could not remember anything and finally asked to be hypnotized—then I would surely find out the truth. I refused her demand for hypnosis and told her that I thought she was just pretending not to know anything. Whereupon she broke into tears, and asked me to believe that it was only a matter of "half-knowledge." I finally asked her to really try to remember, and eventually the truth began to dawn upon her and her memory came back, at first in blurred, then in increasingly clearer pictures.

What was to be done? I advised her to send the boy to a school in Germany. How could she explain this to the boy's father? She would be glad if I could get the father to agree to my plan because her son annoyed her with his pathological jealousy.

The boy also seemed happy about this solution. He loved his father and was suffering from the emotional involvement with his stepmother. I now tried my luck with him and asked him if he could not remember how the affair with his mother had begun. Why did he always lift the mother on top of himself instead of having intercourse with her in the normal position, which would have been much easier with a sleeping person?

He was unable to explain the position. He did not know how he had come to think of it. I urged him to remember. He seemed to be standing before a stone wall. But finally the wall broke down and he remembered how he once woke from his sleep to find his mother sitting on top of him.

In neither the mother's nor the son's case were these experiences unconscious. Both of them merely kept up the act of "not-wanting-to-know" before each other.

The outcome of this case was remarkable. As the first step, I advised them to sleep in separate bedrooms. However, the first night the mother demanded of her son that he leave the door between them open because she was afraid of being alone.

The next night she felt sick and frightened, and the boy had to sleep with her again. The situation became entirely clear after I advised the father to send the boy to Germany. Then the mother protested and denounced the analysis so vehemently that her husband sent me a note of dismissal. I never saw the boy again.

Our last three cases involved young people. The experiences were still clear in their minds. Yet the first attempts to repress and annul them were already under way. The process was not far advanced and the core of the crystallization was not yet completely hidden. We can imagine that these patients—the boy who had intercourse with his mother, the son who slept with his stepmother, the sister who had an affair with her brother—that all these cases will later on be hardly recognizable, since memories change in the course of time and are pushed aside by symbols and substitute fantasies.

Yet could such terrible experiences ever be completely forgotten? It can be only a matter of pseudo-forgetting, of pretending to oneself. A pseudo-forgetting, however, is still very far from being unconscious.

The phenomena of hypnosis and somnambulism will be held against me as proof for the unconscious. I clearly remember Freud telling us how he arrived at his idea of free association. He was studying hypnotism in Nancy with Bernheim. Bernheim hypnotized a patient, gave her several post-hypnotic commands, and also suggested that she forget everything that happened during and after the hypnosis. She was then questioned and was unable to give any information. Yet Bernheim probed until the amnesia was eliminated and the patient could relate everything she had experienced during and after the hypnosis.

The French school (and not Freud) discovered the unconscious. Freud's predecessor was Janet who wrote a book on the unconscious and its automatism, who discovered the fixed idea in neurosis, and who made the illuminating studies on hysterical amnesia and somnambulism. It is to him that we owe the idea of the unconscious.

And what does Janet tell us about the unconscious and the hysterical amnesias which were the starting points of Freud's brilliant work?

In his work, *Les Névroses*, Janet makes several interesting remarks about hysterical amnesia, which conforms with Freud's repression. Janet repeatedly observed that a dream may bring back the memory and clear up the amnesia. He regards the dream as a sort of agent between somnambulism and the waking state (these observations confirm the significance of the interpretation of dreams). Yet he is skeptical where the unconscious is concerned. Contrary to Freud, who says that the hysteria can be cured by elimination of the amnesia, Janet finds that

the amnesia disappears after a cure has been effected, either spontaneously or by some therapy. The author states as follows:

"The retrograde amnesias last only a certain length of time; the memories return gradually, the earliest are first. After the cure, the amnesia, as it shows itself after hysterical crises, somnambulistic acts, or hypnosis, disappears, and the patient is surprised that he was unable to talk about the events that took place during the crises. This little-known observation explains a strange fact: aged hysterics frequently accuse themselves of having simulated the phenomenon of somnambulism.⁵ At one time, the case Pétronille created a sensation. This lady was frequently presented as a typical somnambulist, and especially her amnesia after the somnambulistic sessions received considerable attention. In her old age, Pétronille unfortunately related all the experiences of the somnambulistic sessions, experiences she was supposed to have forgotten. Opponents of these experiments exploited the new situation and the "Cas Pétronille" received frequent mention in the comic papers.

"In 1850, the 'Misses Fox' were prominent spiritualists. They ascribed their unconscious motions and their automatic writing to the influence of spirits. A few years ago, one of the sisters wrote a miserable letter of apology to the newspapers. She now remembered that she, herself, had produced all these automatisms. We are not impressed by these confessions and retreats because we have observed them in hysterics a few months after they had been cured. They prove to us that aged hysterics are unwilling to maintain the amnesias of their heroic period.

"We can also revive memories that were lost during the illness; it sometimes suffices to order the patient to remember.

⁵ Also Breuer's first patient, the famous Anna O., is reported to have confessed later that she invented and pretended everything...and fooled Breuer. However that may be, we owe to Anna O. the great discovery of psychoanalysis.

Or, to put it even more plainly, it may be enough to direct his attention to the destroyed memory."

Janet goes on to tell the story of a patient, Irene, who, in her somnambulistic condition, re-experienced all the details of her mother's death, details which were completely forgotten in her waking state. After a few weeks, Janet induced her to remember everything. He also presents the following case: "One day, Mr. P. ran away and spent ten days in a trance. Later, he was unable to remember what he had done in those ten days. They had vanished from his memory. This inability to remember lasted more than a month. One day, a slip of paper was found in his pocket with a written recommendation to the asylum for homeless persons. He had received this slip during those ten critical days. For a whole night he pondered how this slip could have gotten into his pocket. The next morning he was completely exhausted. But he was able to tell us everything that had happened in the forgotten ten days."

Janet continues: "I could relate innumerable of these observations and experiences. *What I have said thus far suffices to prove that the memories are in no way repressed, but that they are completely preserved in the patient's consciousness and brain. Other experiments of this type prove that the memories are present even in the moment when the individual claims to have forgotten them.*"

We must not conclude from the above that amnesias are nonexistent; but they are so bizarre that we are unable to understand them.

In other words: *We must find another explanation for unconscious phenomena. So far we have not understood them, and the explanation that they are unconscious impressions which cannot be remembered contradicts clinical experience.*

Only the dream, as long as it is not remembered, is uncon-

scious. As soon as we remember it, it has already become conscious. We then consciously remember an unconscious process. Naturally, we can never tell to what extent recollection changes the original dream. Perhaps we could not remember dreams if their meaning were always obvious. The symbolic language of the dream is strongly reminiscent of the symbolic language of the compulsions. The deeper we penetrate into the nature of the dream, the more complicated our own dreams become. At present, I myself have great trouble recalling any one of my dreams. In this sense, we might say: the dream is the domain of the unconscious—but only the dream and insanity.

We must replace the term "unconscious." I recall that Freud told me that the famous pediatrician and biologist, Kassowitz, proved to him that there could not be an unconscious, to which Freud, employing the famous phrase of a French genius, replied, "*Cela n'empêche pas d'exister.*"

However, one cannot pass so lightly over the unconscious as Bumke⁶ did. Freud has a point against Bumke which he cites in *The Ego and the Id*:

"A consciousness of which one does not know anything seems to me much more absurd than an unconscious psyche." He should have said, "A consciousness about which one does not *want* to know anything..." Then it no longer sounds absurd.

The entire misunderstanding derives from the word "con-

⁶ "I certainly do not believe in a 'sub-psyche' that thinks and feels, hates and loves, desires and rejects, as we do ourselves, but which is primarily lewd. I do not believe in this 'sub-psyche' of which not we, ourselves, but the psychoanalysts are aware and which, by its mere presence, releases the consciousness from responsibility. If, moreover, we are told that these complex, subversive and egotistic, unconscious phenomena are identical with certain brain mechanisms, not only in the normal person (with whom they are a tautology), but also in the paralytic, my intellectual discomfort becomes so great that I am afraid something terrible might happen to me, namely, that I, myself, might become a subject for psychoanalysis."

Everything can be forgotten *for a moment* if one does not think of it. A person who is in deep sorrow because someone close to him has died, may be able to forget the loss for a moment and laugh in spite of his grief. Likewise, the neurotic succeeds in producing a momentary forgetting through diversion and an artificially produced affect intoxication (pumping of the affect).

Even the not-remembering in the analyzed person is not necessarily always play-acting. The unpleasant thought may be pushed from consciousness for a moment by all sorts of tricks. The thought could become conscious but is not admitted to consciousness.

It is much easier to understand and to make understandable the phenomena of repression, annulment and paraconsciousness, if thinking is pictured as a polyphony.

The assumption of a strong ego as a dominant voice and a paraconsciousness as a lower voice is of the greatest importance for the understanding of the dynamics of obsessions and compulsions. An unpleasant thought is repressed. In the polyphony it has a middle voice. The pressure—for I agree with Freud that repression does exist—causes counter-pressure. Or, in terms of polyphony: the stronger the dominant voice, the stronger becomes the need of the lower and middle voices to make themselves heard. Finally, we do not hear a single voice, but a confusion of voices which only rarely form an harmonic chord, but in most cases, cacophony. If the ego does not succeed in suppressing the middle voice, it resorts to another trick. It introduces a second dominant voice which becomes so strong that the undesirable voice is not perceived. The transposition into the middle voice is called displacement of affects; the drowning out by other voices, an intensification of the affect of secondary ideas. (Adler has created the fitting expression of

"secondary theatre of war." The compulsive fights his struggle in a secondary theatre of war.)

In the *Psychoanalytic Almanac*, 1927, protagonists of the theory of repression are quoted. Yet the poets and thinkers whose expressions are cited prove that the unconscious does *not* exist. Take the example of Flaubert:

"Does one ever forget anything? Does anything pass, whatever it may be? Even the most flighty persons would be surprised how much they have preserved from their past, if they would stop to think for a moment; it is only a question of superficiality and depth. Probe and you will find."

Precisely this sentence is an argument against the existence of an unconscious. If it is necessary only to probe in order to find, it means that anything can become conscious if one is willing to probe. Flaubert only confirms the existence of repression, but not of the unconscious.

And Schopenhauer? Let us listen to his words:

"If one recalls how reluctant we are to think of anything that may seriously injure our interests, our pride, or our wishes, how hard it is for us to decide to examine anything of this sort carefully and seriously with our intellect, how easy it is for us, on the other hand, to evade and avoid it unconsciously. . . . Within this reluctance of the will to expose to the light of the intellect what it repudiates, lies the point where madness may force its way in."

Schopenhauer says only that certain painful thoughts are not admitted to consciousness. This means merely that they are paraconscious, but not unconscious.

Enough of polemics! We must employ some of these concepts in the therapy of compulsives. We do not believe the patients when they claim over and over again that they do not know anything. We regard them as actors who often enough deceive

us consciously and who, most of the time, want to deceive themselves.

One might think that it made no difference to therapy whether we called these repressed ideas paraconscious or unconscious. But we recognize that it is far more difficult to cure an unwillingness-to-see than an inability-to-see. We do not fight against mysterious, unconscious ideas. We tell the patient: "You know, but you do not want to know."

Why do all these patients tremble at the idea of hypnosis? They may pretend that they want to be hypnotized; yet no hypnotist will ever succeed in inducing a really deep hypnosis in a compulsive. The patient will remain conscious. He is afraid he might say something that would betray him, for all these patients harbor a secret which they do not want to give away.

Our approach demands intuition and a change from the present passive therapy to an active one. It would be ridiculous to tell a patient that he is concealing something from us if we did not know *what he is hiding*. It is the detection of the patient's secret that requires the analyst's intuition. He must know how to discover the original behind the symbolic in obsessions and compulsions. It cannot be touched, grasped, or proved. It must be felt.

Another excellent guide is the dream. Janet justifiably calls it the agent between the waking state and the symptom. Here, the truth ventures to come to light—if only in a concealed language.

It is certain that the dream, like a gigantic film, runs all night. Are all these pictures unconscious? It is certain that we are conscious of them when we remember them and reproduce the dream. Then they are probably no longer identical with those in the original dream. They are changed. Yet in spite

of the change it can be clearly seen in which direction the dreamer's world of ideas has been rolling.

Compulsion is basically a great dream. It is the task of the analyst to separate these two worlds : the world of dreaming and the world of waking.

Chapter Eight

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DOUBT AND REPETITION COMPULSION

*Nature and Spirit—unfit talk for Christians.
That's why we burn the atheists,
Because such words are highly dangerous.
Nature is sin and spirit is the devil's,
Between the two of them they nurture Doubt,
Their bastardly, misformed creation.*

GOETHE

IT IS CHARACTERISTIC of all compulsions that, after their completion, the patient always doubtfully asks himself, "Have I really fulfilled my program?" This leads to repetition compulsion. But even repetition does not succeed in eliminating the doubt. Compulsion and doubt are opposites. Doubt asks, "Shall I?"; compulsion answers, "You must!" Since it is a question of resolving important conflicts symbolically, since there is always a voice and a counter-voice, compulsion can only apparently eliminate doubt. There is never a pause in the struggle between ego and counter-ego. The struggle is perpetual because the conflict cannot be resolved. The compulsion to repeat betrays the need for repeating past experience. The symbolic repetition is only an apparent repetition. It is a fiction. The instinctual ego is fed endless fictions yet it is never satisfied, like a hungry person who dreams at night that he has stilled his hunger.

The first doubt refers to the first ego: "Am I I? Or am I someone else?" The doubt of one's own personality may be traced to the most important root of doubt: "Am I my father's child?" It is doubt in one's own origin. It is doubt in one's own name. "Have I a right to carry this name?" It is evident that this doubt creates a certain distance between the patient and his family. The father may be hated; death wishes against him are not patricidal impulses; the mother is transformed from Mary to Magdalene; brothers and sisters recede to more distant positions; the problem of incest receives new meaning.

In no case of compulsion will this doubt in one's origin be missing. It may also be directed against the mother: "Am I a changeling, an adopted child?" This doubt leads to strong repressions in the sphere of fantasies; it leads to birth and womb fantasies; to a reversal of actual relations in which father becomes son and son becomes father. The more the patient loses himself in his world of fantasies, however, the stronger becomes his doubt which always compares fantasy with reality and is unable to obtain congruity. The worlds of fantasy and reality can never become identical; at best, they may touch each other for an instant—a tangent of reality. This is why the compulsive needs a piece of reality, the well-known, fictitious "scrap of reality," to hold on to. It is, of course, only the straw to which the drowning person clings. But the straw may become the saving pole when the currents of fantasy threaten to carry reality away with them.

This explains the strange fact that compulsions must be repeated in the presence of persons involved in their origin; that they must be atoned for in the very places where the patient's mind has created them. Object and situation are the real points of attack of the displaced impulse. We must imagine that these compulsions are performed in a kind of trance. Only in this trance is it possible that the object of the compulsion substi-

tutes for another object. Such processes are feasible only through a complete devaluation of reality (annulment). We can observe that the annulment of a real action stands at the cradle of doubt. Let us regard the case which I published in part some time ago in my essay on doubt (*Case No. 10*). The girl was deflowered by her piano teacher. Yet she refused to recognize this fact. She behaved as if nothing had happened, and as if she were still a virgin. She had annulled a reality and turned it into a fantasy. *As punishment for this devaluation of reality the girl must now doubt every reality.*

In Freud's sense, the compulsion to repeat in this case may be explained this way: the patient repeats the scene and resists her seducer in the way she was unable to in the real seduction scene. This is the law of "belated correction." Yet the counter-voice tells her that it is only a game. This counter-voice is not unconscious, it only appears to be unconscious. This girl also refused a number of advantageous offers of marriage. Why? Because she knew that she was no longer a virgin and because she feared this discovery on her wedding-night. It would be very easy to claim that the resistance against her suitors came from the unconscious. Her doubts prove that she doubts herself.

How did her illness start? A lad of her acquaintance died and the patient's mother ordered a wreath from a gardner. The girl went to pick up the wreath and paid for it. A few days later, the thought occurred to her that she had not paid for the wreath. Yet she thought she could remember how she had put the money in the gardner's hand. She began to reconstruct the situation. She pictured how she had *opened her purse* and put the money on the counter. It did not help. She still doubted if she had paid her debt.

She told her mother of her doubts. The mother went to see the gardner who checked with his books. Everything was all

right. She had paid for the wreath. Nevertheless the patient doubted it. The gardner might have made a mistake (doubters always find some back door through which the doubt can escape when reality threatens to catch up with it). Finally, the mother obtained a written statement from the gardner that the wreath had been paid for. It did not help.

In order to pacify the patient's conscience, the mother paid the gardner a second time, while her daughter watched. The patient was reassured for only a short while. What if the mother had only put on an act to reassure her? The mother swore it had not been an act. Again the doubt. What if the mother had sworn a false oath to comfort her?

Finally, the patient said that it really did not matter to her whether or not the gardner had had any damages; she only wanted to know if she had paid *at that time*. And nobody could give her this assurance.

It is interesting to trace this doubt to its roots. When the patient bought the wreath, the thought suddenly flashed through her mind: "I would like to lay the wreath on the grave of the piano teacher's wife." She regretted this thought because, after all, the poor woman was innocent, and so she modified her wish: the piano teacher should die. Then the witness of her shame would be removed. But she also regretted this thought. For she was not innocent of what had happened. In her fantasies she had longed for it. She was twenty-eight years old and had never experienced love. She had flirted with the man and encouraged him. She had not resisted. She thought he would play a little with her. She did not think of the consequences. But had she ever gone so far? Supposedly she could not remember. She could see everything up to the moment when she took his penis in her hand. Then the picture became blurred. She did not know how she had paid for his caresses. She did

not know if she still had the right to carry a bridal wreath (*Jungfern-kranz*) . . .

Did she not know, or did she not want to know? Why did she reject two excellent proposals of marriage?

She had found a rationalization for her resistance against her suitors. She pretended not to know whether these men really loved her or whether they were only after her dowry. She doubted the true love of her suitors.

We clearly see the development of this doubt out of the annulment of an experience. She only pretended not to know that her piano teacher deflowered her. One part-ego knew it, the other part-ego acted as if it did not know. She had transformed a reality into a fantasy and now doubted every reality. "No, it could not have happened!" This was the formula that released the doubt.

In such cases we can observe how the doubt dominates every action. In the morning the patient doubts if he has dreamed something, if he has washed, if he has locked the door.

For the neurotic doubt there is no cure through reality. The repetition compulsion is the struggle against a fiction, the striving for recognition of a reality.

Again and again we will observe the leading voice in conflict with the counter-voice. But voice and counter-voice are representatives of two antagonistic psychic currents. When a physician is suddenly doubtful if he has prescribed the correct dose of morphine and returns to the pharmacy to convince himself, he usually asks the pharmacist to read the prescription, too. *He has lost confidence in his sense of reality. Endopsychically he has realized that he wanted to prescribe a larger dose.*

Prescribe, for whom? For the patient? Or for some other person? This can be established only by analysis.

The following case of doubt shows an entirely different mechanism:

Case No. 34. The patient is a twenty-four-year-old student of philosophy, who is tortured by grave doubts as to whether he should continue with his studies and become a teacher, or whether he should not rather become a magistrate's clerk. With these doubts he torments his entire family. He discontinues his studies, he wants to commit suicide because he sees no solution to his conflict. The conflict is aggravated by a neurotic clause. He thinks he has great musical talent. He could become a famous composer. Schubert was a magistrate's clerk and at the same time a famous composer. But there has never been a philosopher who was also a famous musician. The question is, therefore: should he become an artist (clerk) or a teacher (philosopher)? On the one side there is the lure of a great historic mission; on the other, the prospect of independence from the family.

Such doubts are not necessarily pathological. It frequently happens that people are undecided as to whether they should choose an ordinary job or follow an inclination to art. Perhaps there exists in every individual an antithesis between a philistine and an artist. Our case would then represent an intensification of a general human conflict.

It is of advantage to inquire into the justification of the patient's belief in his artistic calling. Then a strange fact usually comes to light. The belief in the artistic mission is not the consequence of an innate talent or an inner need, but of a fiction, a neurotic belief without a basis in reality.

I have seen people doubt whether they should become grocers or poets, people who had not written a single line of poetry, a novel or a story. I have had similar experiences with would-be sculptors, painters, journalists and musicians. A special group are the inventors without inventions—except the inventions of their fantasy.

I examined the justification of our patient's wish to become a second Schubert. The gap between fiction and reality was really amazing. The future Schubert had composed a few small musical pieces of no consequence; beginnings of a folk dance, a waltz, a meaningless minuet.

A person's future aim can always be recognized in his preparatory work. There are secret forces within ourselves which drive us toward that aim, and make us prepare for it. He who wants to become a great composer must first obtain the technical knowledge required for this profession. Musical creations demand elaborate studies that cannot be omitted.

The small musical pieces the patient had shown me did not disclose any special talent. They were the average work of an average amateur in whom the spark of genius was missing. Yet many great composers have started as small talents. The roads to success vary. Sometimes, diligence and persistence can build up a talent, or at least substitute for it. Yet our patient had not gone to the trouble to read one single book on the theory of music. At the university he would have had a chance to attend classes in harmony and counterpoint. Yet he had not made a single step toward the realization of his fictitious aim.

Before he starts work, he must first decide on the important question of whether he should become a philosopher or a musician. He ponders this dilemma in sleepless nights, weighing the "for" and "against."

He does not miss any opportunity of obtaining a clear picture of the situation. He consults physicians, philosophers, clergymen, graphologists, fortune tellers, musicians, and sundry world-wise persons. He asks them all this all-important question which he must decide before he can pursue his aim whole-heartedly. He has exact calculations as to how much a magistrate's clerk could earn, how much free time he has, how long he must wait before he can retire and devote all his energy to music. But in every answer he finds an "if" and a "but." He cannot make up his mind.

His sex life is a stubborn struggle against auto-eroticism. He shows a strong inclination toward asceticism, but lacks the will-power to practice it faithfully. He is conscious of a strong fixation to his parents, brothers and his sister. As a counter-current, he plays with ideas of an early marriage (if he became a clerk, this would be possible; as a philosopher, he would have to wait); he

makes numerous attempts to fall in love, to tie himself to someone, all of which fail after an auspicious beginning, since he always returns to his family.

His father is an innkeeper, the head of a lucrative enterprise. The patient's brother is expected to take over one day, and now learns the business. On holidays, or whenever necessary, the children must help out in the inn; they must watch the cash register, attend to the customers, serve the drinks—work which the patient thinks is humiliating.

And what does the analysis show? He wants to become neither a philosopher nor a clerk, but—an innkeeper. He envies his brother who does not need lengthy studies in order to take over the father's business. Actually, the patient is lazy and hates work. This pattern has, of course, numerous determinants.

When I informed him of the solution to his doubts (you want to become neither philosopher nor clerk—the doubt here expresses a negation) he reacted with disbelief. But when I cornered him, he admitted that he had often thought, "If everything fails, I shall enter my father's business."

In this case also, the entire doubt neurosis was constructed for the purposes of drowning out a voice, in no way an unconscious one: "You want to be an innkeeper!"

The act which the patient staged, for the benefit of his family served to hide his laziness and his jealousy of his brother, but we detect no unconscious processes.

The solution of his conflict resulted in a quick cure. He finished his studies and is now a high school teacher.

This case illustrates the true meaning of the neurotic play-acting. The patient came to see me for several months, and the sole purpose of his visits was to find a solution to this particular dilemma. During all that time he repeated the phrase: "Once I know which of the two occupations I should choose, I will be well."

He gave no clue as to his secret plan to be an innkeeper like his father. He did not betray that envy of his younger brother, rivalry with the father whom he wanted to outdo in his own oc-

cupation, laziness and indolence were his deeper motives. It was my intuition which discovered his secret neurotic course and the rigid "neither-nor" behind his ostensible "either-or."

While the first case demonstrated the development of doubt as a consequence of the annulment of a real event, we can see that in the last case the alternative served to cover up an infantile wish and thus replaced a negation.

So as not to confuse the issue, I shall give only a brief description of the sexual aspects of this case although it has, of course, numerous other determinants.

He could not have pre-marital relationships because he was a strict Catholic. We mentioned that the patient made several attempts to fall in love. (Once he almost became engaged.) With one exception, all these girls were his sister's friends. The exception was an attractive girl he met at a dancing school. Soon he asked: "Do I really love her?" He read novels which described powerful passions, and he compared his own feelings with the violent emotions presented in the books; he concluded that he was incapable of such great love. One evening his girl had many dances with another man who obviously courted her. The patient, his jealousy aroused, was about to declare his love and to propose. But he checked himself in time by discovering new material for brooding and doubt. The question then arose: "Is jealousy a certain sign of love?" He had heard of persons who were jealous without being in love.

Months elapsed, and the girl married another man. Thus, once again he was able to complain about his misfortune and his fateful inability to make up his mind.

His doubt was transferred, however, from a social dilemma to an erotic one. The contradiction between the two psychic currents, materialist and idealist, the idea of becoming a businessman and that of being an artist, may be experienced as a conflict between two love objects. These mechanisms have the purpose of rationalizing the doubt. Employment of such rationalizations in the sphere of ideas has greatly contributed to our cultural progress. After all, individuals want to act out their affects in relation to real objects

(be it in the world of reality or in the world of ideas). The person who has doubts concerning his mother may, if he is philosophically inclined, wish to transpose this doubt into the world of perception. He may tend to confront himself with two contradictory hypotheses.

The neurotic doubter remains a doubter even in his attempts at rationalization and sublimation.

The next case is a typical example of a transfer of doubt from a conflict that one does not want to recognize, to an open love conflict.

Case No. 35. A thirty-six-year-old opera singer comes to see me because of the following dilemma which he is unable to solve. He is now working in B., but previously lived in M., where he was successful as a singer and director. He is in love with two women. The first, Wanda, is the gypsy type, voluptuous, passionate, sensual, and the child of a Jewish family. She is pursued and admired by every connoisseur of female beauty, a fact which the patient always found appealing. He loved Wanda and was proud of his conquest. Yet there was also another girl in M. with whom he had fallen in love. She was Lieselotte, the slender, blonde daughter of a Christian judge, modest, hypersensitive, well-read, and gifted with musical talent. Intellectually she was his equal. He did not claim that his love for Wanda was only physical, and his love for Lieselotte only spiritual. Lieselotte, too, excited him sexually, and he had had intercourse with her. But he wanted a home, he wanted to marry one of the two. Which should he choose? When Wanda came to B. and told him how much she loved him, he had to think of Lieselotte, to whom he then wrote a passionate love letter. But when Lieselotte replied that she would come to B. to see him, Wanda's alluring picture appeared before his eyes. This conflict depressed him and left him joyless, unable to devote himself to his art.

In the first session the patient tells me that this is the third such conflict he has had. Whenever he believes that he loves a girl, another female turns up to divert his interest, so that he always stands between two women.

This attitude has its cause in a fear of ties and a fear of love. Our patient flees love. One of his girl friends recognized this and characterized him in the following way: "You cannot love. You can only long for love. Perhaps you love the longing for love more than love itself."

Despite heterosexual gratification he masturbates, and occasionally goes as long as six months without intercourse. But he is potent and conscious of his sexual power. Sometimes, a small phimosis causes him pain during intercourse, and this becomes an excuse for withdrawing from heterosexual relations. He does not admit homosexual experiences, with the exception of one encounter with his brother. He suffers from an affect bloc. He is incapable of strong emotions, and even his present conflict would not disturb him if the two women only left him alone. However, they pursue him. In addition, he knows that, as soon as this experience is over, there will be another, similar one. He will then find two other women who will become the object of his doubt.

He is the son of a textile merchant and it was expected that he and his brother would some day manage the firm. In high school he showed considerable acting and singing ability. He took up the study of singing as a hobby while simultaneously attending the High School of Commerce and the School for Weaving. Once he took part in an amateur stage show and was a splendid success. He then decided to become an actor in spite of his parents' opposition.

Analysis first revealed that the patient wanted to escape the rivalry with his brother. *It lead to the astonishing result that his doubt actually concerned his occupation. The question was: "Should I enter my father's business, or should I remain an artist?"*

The profession of a singer entails a great deal of unpleasantness: the varying moods of the audience, the rivalry with other artists, disagreements with critics, etc. Every time he had to deal with such difficulties, he developed a mild depression and the thought (which he had to suppress) occurred to him: "Why bother with all this when it would be so much simpler to enter my father's business?"

What this patient did not want to see was his fixation to the

family, the envy of his brother, his qualifications for business.

At this point he related what, up to now, he had kept to himself: Once he actually entered the business temporarily because he wanted to get married. After his engagement had been broken, however, he returned to his artistic profession (a neurotic pact between marriage and a materialistic occupation). This engagement had not been the first one. At the age of eighteen he became secretly engaged to a girl, but he soon broke off the engagement. He still believes she was the only one who could have made him happy.

This type of neurotic always creates a situation which makes it possible to regret the past. His inability to love is rooted in a fixation to a member of his family, while his desire for a lasting relationship is the outcome of his striving to free himself of this fixation. Unless analysis succeeds in exposing the deeper roots of the doubt and in bringing the patient to a realization of the game he is playing, it is likely that there will be endless repetition of the conflict between two objects.

One so afflicted searches for and finds a second love object because he has a fear of love, a fear based on childhood experiences. The patient whose case we described above was repeating an infantile situation. As a child he was taken care of by his mother and an aunt who lived in the same house and acted as a nurse (mother substitute).

I have observed the most serious cases of doubt among men who wanted to propose marriage. Their obsessions and compulsions, which cause them to suffer endless misery, make the "desperate step" of an engagement or marriage appear as the only solution, the way out. Then, one day, they begin to depreciate their partner. They doubt if she is the "right one." They waver and ponder and finally decide to put an end to the whole thing. They are quite cool and unemotional about it. But the very next day the picture changes. They become lonesome and afraid of losing the girl; they go to

see her and reaffirm their love—only to leave her again after a few days. Frequently, reality helps depreciate the love object; attraction is only felt in her presence; in her absence, the tendency to depreciate her may dominate and the feelings may cool off.

In such cases it is difficult for the physician to come to a decision. We sometimes observe that the accomplished fact of marriage eliminates the doubt. On the other hand, we must note that in many cases compulsive disturbances become more severe after marriage. In such cases, analysis is indicated and it generally reveals a fixation to the family, or a latent suspicion of women developed from the family history.

We shall now present a number of cases which will illuminate the problem from different angles.

Case No. 36. Robert Z., a thirty-two-year-old clerk suffers from severe repressions since his marriage three months ago. As far back as he can remember he has had a tendency to doubt and brood. He was never a happy child. In puberty, he struggled desperately to free himself from masturbation, and finally he succeeded. On rare occasions he has intercourse with prostitutes, but achieves no orgasm. He has always been shy, blushing, uneasy in company. He is afraid of being infected, especially with syphilis. In his work he has trouble with his accounts; he must always check and re-check them; he must always reassure himself that the cash register has been properly closed, that he has counted the money correctly. After mailing a letter he doubts if he has addressed it properly or put the necessary amount of postage on it; after making out checks he doubts if he has signed them and opens the envelope again to inspect them. He has always avoided meeting girls—he feels physically and intellectually inferior. He is not so sophisticated as the others, the others move gracefully—he is awkward, one can tell that he comes from peasant stock.

Two years ago he met a girl at a dancing school which he attended to overcome his shyness. His colleagues had often boasted of the easy conquests they made at this school and had encouraged him to try his luck there. Among those who attended the course was also the daughter of a minor official, whom the other men rather neglected. It was she whom Robert selected as his partner. He used to take her home and was eventually invited by her family. It happened that they spent a New Year's Eve together. He had become rather attached to the girl; he liked to talk to her and had gotten over his shyness. Sometimes he thought he could love her. Or he thought he loved her already. Anyway, this evening he drank more than usual and finally kissed her. He regarded this kiss as an engagement kiss although he had not mentioned anything in this respect. Next day, he had a terrible hangover. Did the girl consider herself his fiancée? He decided to go to her and tell her that the kiss placed him under no obligation and that she should regard it merely as a friendly gesture. But then he entered her home and against his will talked to her in a way which was very different from what he had planned to say. He asked her how she felt about that kiss and as an answer she embraced and kissed him heartily. He could not back out and that same evening they were officially engaged in her parents' presence. Secretly he made up his mind to find some pretext under which he could break the engagement. In the course of the next weeks, he drafted innumerable farewell letters to her; he always went to see her with the intention of telling her that he could not marry her. But he found that he could not tell her his true sentiments. On the very day of his wedding he decided to say "no" during the ceremony, but his shyness balked him.

Now he was married and unhappy. When he returned home from business he was silent and cross, not daring to pronounce the decisive words: "Let us part." His potency was satisfactory but he found no pleasure in intercourse; he was doubtful if his wife had been a virgin when she married him. She had bled a little, but then he had heard of cases where girls faked bleeding. His wife was a very decent person—he did not think she would

resort to such crude tricks, but—he could not be held responsible for his suspicions. *C'est plus fort que moi!*

Analysis showed that Robert's mother had been an alcoholic and in general an irresponsible person. The father was unhappy and once, in his anger, told the mother that he was not sure his son was really his child.

The patient was constantly afraid that his wife might become pregnant. In that case he would be unable to bear the doubt as to who was the child's father. He had no confidence in women.

He later told me that as a child he had been the frequent witness of his mother's extra-marital relations with her lovers. When he was already in puberty he decided that he would never marry and be deceived as his father was.

After a short period of analysis improvement set in. A dream indicated that his mother had played with his genitals while she was intoxicated.

We can see in this case how suspicion against the mother is transferred to all women. The patient's dreams in which he is always accused and found guilty of a crime indicate a deep feeling of guilt.

A parallel to his depreciation of his mother was provided by a trend to blasphemy which manifested itself in church with regard to the pictures of the Virgin. These sacrilegious fantasies reached their peak before puberty, then diminished, and recently reappeared when he attempted to find comfort in church.

His mother lived in a village near Vienna. Despite his sordid experiences, he was attached to her and often thought: "If she would only give up drinking I could take her to Vienna as my housekeeper."

This patient also harbored (justified) doubt as to whether he was his father's son.

A second motivation for his doubt was provided by a gap in his memory with regard to certain childhood experiences.

Another group of patients are those doubters who can act only on impulse. They rush headlong into love, and withdraw

suddenly. They meet a lady, they are "crazy about her," fall in love and propose to her; they want to marry immediately; they give the impression of energetic and determined persons who are under the influence of a powerful passion. Some time later, the lady receives a letter from her suitor: he is extremely unhappy, but he cannot assume the responsibility for her; he has considered everything carefully—he could not take it upon himself to bring unhappiness to anyone he loved so dearly. His true nature comes to light; he withdraws. But only a few weeks pass and he is back again, deeply regretful of his behavior; again he becomes engaged, again he retreats. This game may be continued for years.

Women, unable to find an explanation for this behavior, seek the fault in themselves or in their families, and try to hold the doubter. Only in the rarest instances will they succeed in getting some decision from him and if they do, the result is apt to be an unhappy marriage.

Case No. 37. Mr. Sigma, a forty-year-old judge, developed a severe doubt neurosis after he had been engaged to a beautiful girl. To describe his uncertainty and hesitation would only be repetition. When he became engaged, his sister, who was ten years his junior, threatened: "If you marry, I shall take a lover." We immediately recognized this statement as the expression of an incestuous tie. In accordance with our most recent experiences, we shall have to ask ourselves if the sister was not justified in establishing a neurotic clause between her brother's marriage and her own sexual gratification. Sigma's mother was also opposed to the marriage because the girl was poor. He was in a serious conflict. Should he or should he not marry the girl he loved? He finally arrived at a decision: he used the girl's absence to write her a farewell letter and to break the engagement formally.

He then developed a doubting compulsion which forced him to re-examine and to repeat everything. He had to read every legal

document several times, and still he doubted if he had really understood it. He was inattentive and confused during the sessions in court. He began brooding and became a hypochondriac. He threatened his family with suicide and accused his sister of having caused his suffering and of being responsible for the breaking of his engagement. All day long he was doubtful, even with regard to the most unimportant matters. There was always the question: "Did I do this right? Didn't I make a mistake?" A deep feeling of guilt became ever-present.

In his analysis he related how he once surprised his mother while she was having intercourse with a boarder. It seems that this boarder also had been intimate with the patient's sister. Sigma also admitted some of his own intimacies with his sister.

He was short-tempered, beat his mother, and once even pulled her by the hair. He also beat his sister when he was jealous of her. His father had died ten years ago. His engagement had been an attempt to escape from the intolerable conditions at home to a purer environment.

After this unsuccessful attempt at escape, Sigma became a gravely ill man. He drove his family to despair, so that finally his sister implored him to return to the girl and become engaged again. She even took the first step, contacted the girl and arranged for her to meet her brother again. There was a second engagement.

Yet the patient's condition did not improve. He finally came to me for treatment. Only then could he overcome the fixation to his mother and his sister. Sigma's confidence in women was shaken by the conduct of his sister and his mother. He was forced to ask himself if his mother had not deceived his father. He compared a photograph of himself with one taken of his father and could not detect any likeness.

Shortly after the completion of the analysis he was married and, upon my advice, moved to another town.

The following case reveals an entirely different source of doubt and is in every respect different from the previous one.

Case No. 38. Rudolf M. came to me because he suffers from a doubting compulsion and a weakness of will. He is a thirty-one-year-old manufacturer of machines and also a sculptor. He is always in doubt as to whether he should give up the factory and devote himself to his art. He has a twin brother who is his partner in the firm and at the same time a painter. This brother, Otto, is in a similar conflict: should he become a painter, or remain in the business? The conflict is due to the peculiar set-up of the business. Both brothers have the same rights there, namely, no rights at all. The boss is the mother who has been managing the factory with the aid of an experienced assistant since the father's death ten years ago. Both brothers are very efficient; yet they are jealous of each other. Each wants to be superior to the other, each wants to be the real head of the firm. Actually, Rudolf had been the one who was expected to study engineering and take over the factory, since his brother wanted to be a painter. At the last moment, however, Otto decided to study so that they both became engineers and capable of managing the factory.

The relationship between the brothers was very good, until their father died; then it became extremely strained. If one gave an order, the other ignored or criticized it. Each pretended to the other that he wanted to leave the factory and become an artist.

Rudolf developed a pathological weakness of will which was actually the consequence of his doubting compulsion. He had been an ambitious and industrious worker, but now he became indifferent to his work. His struggle with himself started in the early morning. He was expected at the factory at 8 a.m., which meant getting up at six. As soon as he woke up, the voices within him began to ask: "Why should you get up? Everything is running smoothly without you, anyway. Otto will take care of it. What's the sense of life? Why do you go on living?" This continues until well past ten o'clock. Then there is work for him to do at the office. He puts it off, begins to brood, to inspect everything. He should make out the payroll. Suddenly he remembers that there are some fire insurance policies to be paid. Which is more important, payroll or insurance? He ponders the question, hesitates, and finally de-

cides on the insurance. Then he begins to search everywhere for the policies, he looks all through his desk, but not in the place where they are. Eventually he finds them. He stares at them absent-mindedly, then occupies himself with other things. In this manner the hours slip away and he does not get any work done. He is tired of life and unable to find any pleasure. He is always at the crossroads and wonders which to take, and then it becomes too late to take either.

He reasons as follows: We have a small factory. We are two brothers. If either of us marries, the factory must be sold. Then I shall have nowhere to go. For this reason he wants to become a successful sculptor.

(This is not in accordance with the facts. Otto assures me that there is no question of selling the factory and that, even if it were sold, Rudolf would have enough capital left to live on its interest. Moreover, marriage for either one of them is a distant proposition and would probably remain so for some time to come.)

The analysis produced a considerable body of interesting material, the most important part of which is probably the fixation to the father. The patient's father, an energetic, ambitious man, had started as a foreman and worked his way up until he controlled the factory. However, he dominated the entire family and demanded absolute obedience. When he came home from work, his sons and daughters surrounded him and awaited his orders. One child took his hat, the other his coat, the third brought him his lounging jacket. Rudolf, who was the favorite, was the most eager to serve his father. Otto showed more self-respect. The mother was only a "slave" to the father. She had no authority and no will of her own. She trembled before her husband, just as the children did.

It is not easy to outgrow the results of this type of upbringing. Both brothers showed the phenomenon of belated obedience. Ten years after their father's death the factory was still running in accordance with the rules he had established. The seating order at the family dinner table remained unchanged. The father's sacred place remained empty, and it seemed as if his spirit were still pre-

siding over the family. The Lord's Prayer was always said, and everybody arose and joined in the words, the twins included, although they were atheists. They did believe, however, in their father's rule that one had to set an example for the servants and the workers at the factory, in order to maintain the proper relationship between master and servant. The sons had actually been their father's servants. At any hour of the morning, when they were boys, they could hear his voice in the factory workshop, as they worked alongside of the workers and learned the mechanical end of the business.

When the father was alive everybody in the house got up at six in the morning. Now, Rudolf stayed in bed until ten and had his breakfast served there; he wasted his time—in short, he was in direct opposition to his father's spirit.

Even strangers noticed his extreme sensitivity to Otto. In the morning, Rudolf waited for his brother to say "Good morning," and if Otto failed to do so, Rudolf reacted with a deep depression. He was actually very fond of Otto, but sometimes he felt extremely hostile to him, and the pair often argued. But a few friendly words from Otto, who was the more intelligent and gifted of the two, sufficed to pacify Rudolf.

As is often the case with brothers who are fixated to each other, the twins were interested in the same girl. As soon as one of the brothers consented to withdraw, the other lost interest in the lady. Rudolf was prepared to leave her to his brother but only as long as Otto did not show any serious interest in the girl, who was tossed back and forth between them like a ball. In their competition they continually threatened each other that they would marry her but they only played with the idea of marriage.

Rudolf's illness had really started with his brooding about what he would do if he got married. The small villa near the factory was big enough for one family. If either got married, one of them would have to move. But both were deeply attached to the old house, their father's legacy. Thus they sought to confuse each other with their threats of an imminent marriage while being careful not to find any solution to the problem: "Who will then remain in the old house?"

In addition, the house was the symbol of their ownership of the factory. Both brothers were very fond of their mother and left the management to her. Moreover, they took out just enough money to meet their needs. They always received it from their mother, never from the cashier. Of course, they spied on each other and secretly figured out who might have spent more money.

One of the main causes of incessant arguments was the car which their father had bought. Every morning the question came up "Who shall use the car?"—Each wanted to leave it to the other, but there were always tensions and differences. If one brother had some trivial accident or a flat tire, the other reproached him for not knowing how to handle the car. Often the automobile was not used for days because each brother pretended to the other that he could do without it.

The analysis revealed a strong fixation to the mother and to the factory. The mother was sensible enough to forego favoritism and to keep out of her sons' quarrels. Nevertheless, they always competed for her love and respect. Formerly, Otto had been his mother's favorite. Now she showed no preference and did not punish Rudolf for having tolerated his father's bad treatment of her. Once, when the father had shouted at her, Otto had stood up against him. The astonished father listened silently as his son said: "Father, you humiliate everyone of us when you treat mother like this." Afterwards, there was a slight improvement in the hitherto unbearable situation. Once the mother even went back to her parents because of the father's intolerable abuse. The man pursued her in his car and on the same day triumphantly returned with his little wife whom he, the giant, lifted out of the car and placed on the floor as if she were a child.

Such marriages are responsible for the propagation of neurotic children. Within them their mother's gentleness struggles with the father's iron will; heterosexual tendencies cannot be successfully integrated with homosexual ones.

It is evident that there is enough material in this family history to explain the case. There are strong feelings of inferiority fostered by the father; there are jealousy and rivalry between the brothers;

a strong will to power; acute discouragement with regard to life's everyday demands—an Adlerian would be satisfied with this analysis. However, I wanted to find an explanation for the patient's increasing differentiation from the father since his death. I felt that there was some secret hidden behind Rudolf's illness.

How was I to find out this secret? Repressed homosexuality; fixation to the brother and to the mother; these were not adequate explanations. The patient's sex life was normal. He had intercourse regularly and his potency was satisfactory. As a result of his depression, his sex life had lessened in recent months, but this was a consequence, not the cause.

His dreams always illustrated his doubt. The first dream was typical:

I was in your office and did not know if I should address you as doctor or professor.

Obviously, he does not know which attitude to take with regard to me, the father image. He wavers between overestimation and depreciation.

An extraordinary number of the patient's dreams were concerned with fire and burning. I remembered the fire insurance policy which he had been unable to find, and I concluded that he wanted to burn the factory. He admitted these thoughts, because then the question as to who should manage the business would be solved: the family would not rebuild the factory but would simply divide the money between themselves. (The factory carried so much insurance that they could have lived on the interest.) Naturally, he immediately suppressed "these ridiculous ideas which he would, of course, never carry out.

The following two dreams, in which fire played an important part, will become understandable later on:

1. *Two men are quarreling. One of them says, in order to taunt the other: "Why, you've built a pyre there!" The other man insists that there had been only empty wooden boxes, the kind into which machines are packed.*

2. *I walk from the factory to our house. I see smoke rising and I question my mother about it. She says indifferently: "I am*

burning the garbage." I can see various papers in the burning heap of garbage but do not dare pull them out of the fire.

Within the past months, Rudolf's relationship to his mother had greatly changed. He always had a seemingly unfounded, bad conscience with regard to her. Sometimes he would suddenly flare up (only in his brother's absence); then, again, for days he did not talk to her; he could not bear it when she talked to other men. For no apparent reason he was always suspicious of her. His mother was a highly respectable woman who sacrificed her entire life to her children. However, as a compensation for the years of slavery with her husband, she did want to keep her sons under her domination as long as she was alive.

Rudolf was unable to find an explanation for his changed attitude towards the mother. Why did he get so excited over small matters and act like a naughty boy? He knew that he could put no blame whatever on his mother. She gave him all the money he wanted—although, of course, he would have liked to be independent. I thought that the behavior toward his mother could be explained by the jealousy of the brother. Yet Rudolf himself assured me that his mother was completely impartial. He often wanted to involve her in the quarrels with his brother; he wanted her to say that he was right. Otto wanted her to do likewise, but both brothers realized that their mother's passive attitude was entirely correct.

The analysis had already lasted for two months, when Rudolf produced a dream which made it possible for me to solve the actual conflict. The dream consisted of three parts:

1. *I see my dead father. He returns as though from a long journey. He ran away with a girl and all this time had lived with her in some distant place. He looks dishevelled and troubled. I welcome him warmly. He thinks that he cannot come back. What will the people, what will mother say? I reassure him: "Come on, Father. The main thing is, you're back again. Nothing else matters." Father inquires if all his orders have been followed. He has instructed us to send food and money to the G. family. He asks worriedly: "Did you always send it?"*

2. *I am at a meeting and expected to make a speech. I cannot*

find the script and someone hands me a bag of peas. I can read my speech from the peas. I speak about the Catholic Church and Christ. I become excited and say: "The church has protected your culture and now that you don't need it anymore, you only want to enjoy its benefits and ridicule it."

3. *I am taking an examination and am being questioned about the libertini (the liberated ones). I say: "A libertinus is a man who has nothing to say, no right to give orders. He only gets the scraps which the others discard and he may not even marry without his master's consent. Then he does not know where to settle down."*

At first glance the three parts of the dream seem to have no connection with each other.

The patient had few, but important associations to the dream. In the first dream his father is alive again; he has eloped with a girl and now returns. Rudolf is surprised about this part of his dream. He has never heard anything about his father's erotic experiences. He recalls only that once when he and his father were taking a walk, they met a girl whose father they knew. They joked with each other and the father asked her if she did not want Rudolf for a lover. She laughed and said: "I'll think it over—I like the father better than the son." Rudolf pondered over this for a long time. He thought that the girl's answer had been quite correct since he always felt inferior in comparison with his father. The G. family were poor, distant relations whom his father had occasionally provided with money and food.

The patient is unable to explain the second part of the dream. Although he is a Catholic, he is in no way particularly religious; he never attends church. He is, however, interested in the Bible. He likes to read the Lutheran version, though it is forbidden to Catholics.

I ask him which part of the Bible he likes to read and since when he has become interested in it. He tells me that this interest in the Bible developed only after his father's death, and that he likes to read the first part of the Holy Writ.

It then struck me that he never used the expression *Old and New Testament*. At this point, intuition gave me the idea that his dream

was concerned with an old and a new testament in a different sense.

I asked him: "Did your father leave a testament (a will)?"

The effect of my question showed me that it had resulted in a strong complex stimulation as described by Tremmel. The patient fell into an embarrassed silence and began to tremble. He finally gained control over himself and told me that after his death they had searched his father's desk but could not find a will. Consequently the mother could enjoy the profits of the entire property until her death.

"Were you surprised that there was no will?"

"Yes, very much. I once went to see the G. family with my father. Mr. G. had died a few days before and had left his wife and three children. Mrs. G. complained very much that her husband had not left a will. Consequently the children of his first marriage would inherit everything while there was nothing left for her. Father was rather upset and said: 'I cannot understand this. *Everybody should provide for the event of his death. I have already made all arrangements so that I can depart peacefully.*'"

Now Rudolf actually had reason to believe that his father had left a will. He thought that he, as his father's favorite, would inherit the factory. Although Otto was the older (he was born fifteen minutes before Rudolf) he was thought of as the painter.

Now I began to understand his doubt and his dreams about fire. Rudolf suspected that his mother had found the old testament and burnt it. In his first dream his hope of becoming the owner of the factory is burnt on a pyre. The doubt is expressed by the two quarreling men. All his hopes are gone; what is burned is the empty boxes. The second dream is clearer. The papers, among them, of course, the old testament, are being burnt with the garbage, with dirt. He wants to pull the will out of the fire, but he does not dare. He does not want to get his hands dirty; he does not want to get his fingers burnt.

I learnt years ago that in dreams one must look for the contrasts (the antitheses) as the expression of polar tension. The antithesis in this dream is: the Old and the New Testament.

The new testament could be drawn up only if his father returned. He fulfills this condition in the first dream: He never died; he ran away with a girl and lived in a distant place. Here, in contrast to the story of the prodigal son, it is the prodigal father who, rueful and dejected, returns to his house, and it is the son who joyously welcomes him back.

"The father inquires if all his orders have been taken care of." This means that the father asks if his last will, his testament, has been fulfilled. The passage concerning the G. family is a reference to the visit which the patient paid them with his father, and the proof for Rudolf that his father did leave a will.

The second part of the dream becomes understandable when lentils are substituted for the peas. The speech refers to the sale of the birth-right, i.e., the paternal blessing (Jacob and Esau). Jacob and Esau were twin brothers. But Esau had been born first and sold his birth-right for a "pottage of lentils." Later, however, his mother, Rebecca, induced Jacob, whom she preferred, to obtain his father's blessing by the well-known trick. In this way he became master over Esau who was so outraged when he heard about this trick that he threatened to kill Jacob.¹

In the second part of this dream the father is identified with Christ. If only a few changes are made, the speech fits the father: "The father has protected your property and now that you don't need him any more, you want to enjoy the benefits and ridicule him (by ignoring his last will)."

Then, in the dream's last part, Rudolf is a libertinus. These were the Jewish slaves who were first taken to Rome and then, after

¹ In the same way as Cain and Abel represent the typical conflict between brothers, the story of Jacob and Esau illustrates the conflict of all twins. Esau, the first-born, was rough and red; Jacob, the younger, was the gentle, mild one. Esau was a hunter, Jacob, a herdsman. The mother, however, loves the gentle one ("But Rebecca loved Jacob"). The mother takes the threat of the father's curse upon herself in order to obtain for her favorite the blessing that will make him the master. This passage of the Bible reads as follows: "I have made him thy lord and all his brethren have I given to him for servants . . . And Esau hated Jacob because of the blessing wherewith his father blessed him: and Esau said in his heart, 'The days of mourning for my father are at hand; then will I slay my brother Jacob.'" Again the mother saves Jacob by advising him to flee.

they had been liberated, sent back to Jerusalem. The new testament (Rome) has made a slave out of him. He is now the man who has nothing to say in the factory, no right to give orders. He gets only the scraps discarded by the others and cannot marry without his family's consent because he has no home of his own. He does not know where to turn. If he marries, he has to leave his father's house.

The dream distorts and exaggerates his real situation. He is far from being a libertinus. Also, he described Libertinus as a slave, while he had actually been a free man who founded his own sect in Jerusalem. In the dream the father is a "libertine" (one who takes liberties). He ran away with a girl because he could not bear the life with the mother. This dream, also, shows hostility against his mother.

The dream annuls the father's death. It enables the dreamer to restore the old testament and thus to escape the humiliating dependency on mother and brother. We see a new motivation for the neurotic doubt. In this case it is doubt regarding the mother. Did the mother find and burn the old will, or did the father never leave one? Nobody will ever be able to answer that question. The mother will never admit it and the father returns to life only in the patient's dreams.

Why did not Rudolf relate his doubts in the first hour, the first weeks of treatment? The thought regarding the will was not unconscious. He did not want to think of it. He did not want to suspect his mother; he did not want to believe that his brother had taken part in this conspiracy. His suspicions were in no way compatible with his mother's honesty or his brother's sincere character. His healthy ego fought strongly against this thought. Yet, the thought recurred again and again and manifested itself in this compulsive need to search his desk for old papers; in his morbid behavior with regard to his fire insurance policy; in his unreasonable aggressiveness against his mother and brother.

Of course, a pre-disposition to doubt has existed before. It was established in his homosexual attitude toward his brother, in his vacillation between homosexuality and heterosexuality. A twin easily sees a second ego in his brother. People often confuse them,

they cannot be distinguished from each other; a twin is born with a sort of double. We shall return later to the problem of sibling rivalry and its meaning in the psychogenesis of compulsions.

The above case is typical of how a neurotic doubt may originate, and how it may lead to a repetition compulsion. Rudolf will never lose his doubt. But as a consequence of his analytic treatment he has recognized and overcome its effect upon his psyche; he has accepted the fact that he will never discover the secret. Perhaps he has also recognized the lack of justification in his doubt.

He last lost his repetition compulsion. He no longer searches his desk or gets caught in daydreams; he arises early in the morning and works efficiently.

The repetition compulsion has its cause in an unsolved problem. The problem appears solved by a compulsion, but it is only a symbolic solution, based on the assumption: "It might have been this way." Repetition attempts to find a solution but it can never succeed. It turns the question, the single experience, into a perpetuum mobile.

Repetition turns an historic experience into a continuity.

Rudolf wants to ask his mother: "Tell me the truth. Did you burn the old will?" The question is on his lips, yet, he dare not ask it. He becomes angry, he talks about the humiliations and insults he has to suffer, but the unsolved question is always in back of his consciousness. He has the impulse to ask and to find out. The repressed impulse turns into the vicious circle of compulsive repetition.

Out of the doubt arises the impulse for a compulsion which constitutes only a symbolic solution of the doubt. It must be repeated, but it can never be repeated in exactly the same way, and thus the doubt is transferred to the repetition and urges new compulsive action. The repetition compulsion contains the seeds for the development of a new doubt.

In the following case we see a different picture:

Case No. 39. Mrs. H. M., an Hungarian, had been suffering from obsessions and depressions for the past year. An orthodox Jewess, she fears that contact with her person may defile the dishes she

uses. Because of her melancholia and her compulsions, she spent a few months in a sanitarium. Although her depression did not improve there, her obsessive ideas were less troublesome, mainly because the place was under Christian management and, consequently, she did not have to be afraid of defiling anything. However, now that she was staying with her sister in Vienna, she was again tormented by the idea that through her the *kosher* dishes might become "unclean." She thought that in one of her coat pockets there might be some crumbs from a roll she had eaten at the sanitarium. Since the food there had not been *kosher*, she was defiling her sister's house in this way. The patient cried all day and continually expressed her fear that things had become *treife* because of her. (The Jews use the expressions *kosher* and *treife* for the words *clean* and *unclean*. Some foods, especially meat, must be prepared in a certain way in order to be *kosher*.) She always wore the same dress and neglected her personal appearance.

Her illness started a year ago during a vacation in the country. One day she noticed a leg of pork hanging by the kitchen door of the inn; and although heretofore she had not been particularly religious, she was now troubled by the thought that she was eating *treife*. She returned home, and from then on exaggerated the religious rules to such an extent that the family found life with her intolerable. The patient began to doubt whether the meat which she bought at a Jewish butcher's was really *kosher*. She had heard stories that butchers sometimes cheated. She took her doubts to the rabbi who reassured her. This helped for a short time, then she began to worry again. She was doubtful if she followed all the rules for preparing the meat. She started to repeat various procedures and to wash her hands at every opportunity. To this, the fear was soon added that she might transmit the unclean substances to other people.

All compulsives believe in a mysterious substance that they might transmit to other persons. This idea of transmission plays an important role. It may refer to poison, to an infection, bacteria, or, as in this case, to unclean substances (bread crumbs).

These substances may be microscopically small, so that they are actually invisible to the naked eye. Thus the doubt cannot be eliminated by even the minutest inspection and examination of the object. (In this case, it was inspection of the pocket. The patient knew she had never put a roll in her pocket.) Compulsive actions and ideas are always arranged in such a way as to leave the door open to doubt.

We have discovered the following important law: *Doubt is always arranged in a way that makes it impossible for reality to attack and destroy it.*

From this arrangement derives the will to doubt, the inner necessity of doubt in the psychogenesis of a neurosis. Eventually, the affect is increased to such a degree that it completely covers up any other thought.

The resultant defense actions are caused by the need to free oneself of guilt. The formula is as follows: "I have done everything not to infect you, not to make your house *treife*; I am not guilty."

In the case of our patient the repetition compulsion was expressed in repeated washings, in a disinfection of the pocket, and in religious rituals.

This atonement, however, this prophylactic measure, is always carried out in a manner which permits the possibility of infection, of transmitting the dirt.

The patient, for example, washes her hands, then dries them with a dirty towel. She repeats stereotyped phrases innumerable times: "My poor husband, my poor children" (compare *Nervöse Angstzustände und ihre Behandlung*, Case No. 127). The case is interesting because the illness started at an advanced age. The patient claims to have been in good health all her life. There is one important detail in her history: Her husband suffered from premature ejaculation and could never completely satisfy her.

She evades my questions concerning masturbation and claims that she does not know what it is. Finally she admits that recently she had started to masturbate after abstaining since girlhood. She had a bad conscience about it and felt very unclean.

I suspect that her emotional balance had been upset by some oc-

currence at the inn where she was staying. She does not seem to remember anything; but a dream gives a clue:

I stand before a meat counter and see a big leg of pork. The butcher grins at me and says: "I bet you'd like to have this." I am shocked and tell him: "What makes you think so? I am a religious Jewess, I don't eat pork." He then becomes more insistent and says: "Then buy it for your sister. She is an old customer of mine."

The patient produces no associations. I insist, however, that she must have had some disturbing experience at the inn. Finally she tells me, hesitatingly, that the innkeeper had also been a butcher—she had not mentioned this fact before because it seemed so irrelevant. Once she surprised him as he was urinating in the backyard and she was impressed by the size of his penis. Later on he made allusions to the fact that she was a grass-widow and that she would probably need a substitute for her husband. This explained the leg of pork. She regarded herself infected with these sexual ideas. She fled in order to remain pure, but her instinct-ego protested against her flight. The unclean thoughts were released. She masturbated and in her fantasy saw the innkeeper.

She had a strange compulsion. She would open every door and stick her head out as if she expected to see someone outside. The innkeeper once followed her to her room, but she closed and locked the door before he could enter. The next day she went home. She had saved her moral ego. Now she repeated this scene with a different outcome. She put her head outside the door as if she were inviting him to come in.

Her clean house had been defiled. She was *treife*. But why was she so concerned about her sister's becoming *treife*, too? The cause of this lay in her homosexual attitude toward her sister, with whom she had had her first homosexual experiences during adolescence. The unsatisfied instinct ego sought some sort of gratification. The crumbs in her pocket were an excellent illustration of the patient's love life. She had never been able to fill her pockets at the table of love. She had received only the crumbs.

It was interesting to note that in her cleaning procedures she always asked her husband or her sister if she had done everything

correctly. She had prescribed for them the following answer: "I swear 'that you did everything in accordance with the religious laws.'" If she did not receive this reply, she flew into a rage and it was almost impossible to calm her.

We very frequently observe that the family, too, is pressed into the service of the compulsion, and that the formulae which are supposed to end the doubt are prescribed exactly.

Janet describes a similar case:

Case No. 40. Py., a sixteen-year-old girl, is very unhappy because she occupies herself with problems which she cannot solve. She wants to know if there is a God. This knowledge alone could make her happy. She broods all day long over this question which the greatest philosophers had been unable to answer. (This, at least, is her opinion.) During the night she ponders over metaphysical questions until she is completely exhausted and unable to go on thinking. She realizes how absurd her doubt is; she tries not to think, but then she becomes restless and excited; she throws herself to the floor and rolls around there. Thus she demands that her family should eliminate her doubt. With tears in her eyes, she approaches a member of her family and asks:

"Isn't it true that the world would be full of misery if there were no God?"

She has prescribed the following answer to this:

"You are a fool! Of course you know for sure that God does exist."

If this answer were not given with sufficient conviction, she became completely desperate.

About a year before the onset of her doubt, she concentrated on difficult problems, such as the creation and the end of the world; the stigmata of the saints; the question of whether or not the moon was inhabited. She asked many relevant questions which gave her new material for brooding. The problem of God's existence was only a symbol, incorporating all the other problems.

Those who are acquainted with the manifestations of mentally

sick persons will immediately recognize that this is a case of an adolescent crisis. It is evident that the affect has been displaced from a sexual to a religious problem. Perhaps the girl doubts her father's or her mother's integrity. She expects a certain answer, and her crises indicate the presence of violent affects and the need to solve vital questions symbolically.

Without going into the psychogenesis of the illness, Janet presents another case which clearly demonstrates these phenomena (*Les Obsessions*, Vol. II, page 363).

Case No. 41. The twenty-five-year-old patient is the daughter of an alcoholic. Her grandmother and one of her sisters are insane; another sister suffers from hysteria; a nephew committed suicide. Up to the age of twelve, when menstruation set in, the patient was a bright and lively girl. Then she changed entirely. She was handicapped in all her actions by a sort of shame. She was ashamed of her appearance, her gestures, her eyes. She thought that she had a stupid expression, that she talked like an imbecile, and that people laughed at her. She also suffered from erythrophobia. When she was seventeen she got married and had five children; her marriage was unhappy and eventually she was divorced. The children, who were left under the care of a grandmother, died; in addition, her finances were completely depleted.

The patient thus developed a mania for perfection (*manie de perfection*). Since her childhood, she was dissatisfied with everything she did. She was ashamed of all her actions. She worried about everything she was expected to do. This gave rise to her wish to do everything better. She wanted to do everything in a perfect manner, *but of her own free will, not under outside influence*. Since she was always dissatisfied with herself, she preferred to do nothing. Even before she started an action, she doubted its correctness, she wanted to repeat and to improve it, and thus she repeated it innumerable times.

"This is a disease," says Janet, "which is known as doubting and repetition compulsion. I know of a woman who cannot get up in

this tension is expressed in the extremes of Mary and Magdalene, saintliness and prostitution, heaven and hell.

Every aim has its characteristic guiding principle (*Leitlinie*—A. Adler). When all forces are directed toward the same aim, the result is a well-integrated personality which is able to utilize its energies to the fullest. Such one-track individuals are generally described as energetic, determined and efficient. They are antipodes of the doubters who are characterized as lacking in energy, determination and efficiency. This lack of energy, however, is but the consequence of divergent, and often antagonistic, guiding principles. One guiding principle is identical with the conscious, dominant voice, while the other hides itself, permits itself to be covered up, but at the same time is strong enough to affect dynamically the individual's determination.

People with several guiding principles will set a conscious aim for themselves which they will not reach because they do not want to reach it. Moreover, they always tend to turn into some other direction, which represents a second guiding principle.

A doubter whose guiding principle is to share his life with his sister, may pretend to want a wife; he may fall in love, become engaged, he may even get married, as we have seen—but there will always be a force which urges him toward a different aim.

The repetition compulsion may be the consequence of a fictitious striving in a wrong direction (see Case No. 28). Thus it may represent the old as well as the new: the old, which is re-experienced and belatedly corrected; and the new, which is expected to eliminate the compulsion of the old. The old is often indestructible. It may resist the corrosion of time. It is the great secret that is encased in the compulsive system. Why are compulsives ashamed of their systems? Why do

they relate only details of their illness and protect the core of their symptoms like some precious secret?

I believe that they themselves doubt that their illness is genuine and that they recognize it as play-acting. The illness usually starts out as a sort of game, under the assumption that it can be stopped at any time. We must consider, however, that normal individuals, too, play-act and pretend that they are better and have come closer to their ideal-ego than is actually the case. When the average person employs the common phrase: "All people are bad", he usually excepts himself. Most people have a blind spot as far as the antitheses to their virtues are concerned. This psychic scotoma, which keeps them from recognizing their aggressions and criminal drives, makes it possible for them to retain their sense of personality, which is their psychic backbone.

The compulsive recognizes his bipolarity endopsychically. He sees love and hate simultaneously. He aspires to spiritual heights, he wants to be good, noble, and religious; he wants to be capable of loving, without hating. Freud once remarked that compulsives doubt their ability to love. If we express this statement somewhat more generally, we come to the conclusion: *the compulsive doubts that he is good*. This results in his striving for perfection and correctness, which, as expressed in his compulsion, becomes a caricature of the anagogic tendencies present in all individuals.

However, we must consider that the patients are struggling against the katagogic tendencies. They are victims of a civilization which demands of people social attitudes and which burdens them with the responsibilities of virtues, without considering their true nature. *The repetition compulsion derives from the anagogic tendency to improve everything, to repeat every action until it is perfect.*

In order to assure the victory of the anagogic tendencies,

the compulsive uses his system as a protective wall against the katagogic drives. He stages a play in which he acts the part of the perfect human being. However, he doubts the genuineness of his play. Within himself he knows that he is a hypocrite and he must repeat everything because he strives towards his ideal of goodness. This is actually the question he asks the people around him. He wants them to reaffirm that he is good.

Compulsives are the victims of an anagogic tendency which leads humanity out of its primitive beginnings to a higher level.

All compulsives are dissatisfied with their lives. They constantly ask: "Is there any sense in life?" "Is this all that life has to offer?"—and the most important questions: "Did I make good use of my life? Have I really lived?" They all wish for a new life. *Their repetition compulsion is essentially the wish to start life anew, to repeat it, and to make better use of it.* Compulsion is a problem of time. The patient wastes his time, it is worthless to him, because his life is worthless. The threat of suicide is ever-present. All his doubts may be expressed in a single formula: "Shall I continue to live, or not?"

Behind this question lurks the great doubt, the infinite darkness, the problem of the hereafter, the eternal question as to eternity, which may be put into two words: 'What then?

Chapter Nine

*

MAN AND NAME

*He who thinks that he speaks, or keeps silent,
or acts according to his own free will, is dream-
ing with his eyes open.*

SPINOZA

MANY COMPULSION neurotics have the habit of jotting down notes on the margin of a book, which they afterwards rub out with an eraser. The analysis reveals that the eraser has become a symbol. One patient once sighed: "If only I could just as easily erase all the stupid and evil things I have done." The shaking-out of pillows, continuous washing, wiping, and similar actions belong in the same category.

We have seen that compulsion neurosis represents the struggle of civilized man with primitive man. There are patients who struggle to set up an ideal ego, and, therefore, struggle against evil, egoistic and criminal thoughts. Sometimes these thoughts manifest themselves openly. They have to be banished and rendered harmless by compulsive acts and magic formulas.

Case No. 42. The patient is a Polish countess, Klara G., married to a wealthy doctor. She is thirty-two years old, physically healthy,

of heavy build. Her voice is loud. Her illness appeared shortly before her marriage and grew worse after she was married. Her obsessions and compulsions are connected almost exclusively with her husband, whom she claims to love passionately. She is afraid he may fall ill and die.

When she wakes up, a voice bids her to get up and go to work. Another voice says, "No." One voice oracles that, if she gets up, her husband will become ill. The other voice counters: "If you don't get up, your husband will get sick." At this point a faint voice is to be heard: "Let him get sick, let him die."

Then comes the process of "erasing." She has to erase (undo) the evil thought where it sprang up. She rubs the end of her bed with her foot, repeating, "Oh Lord—no," until she has the feeling she has pronounced the formula with sufficient sincerity. To get out of bed constitutes a complicated chain of compulsive acts. While attempting to tidy up her room she messes up everything. The opening of the door is a terrible problem. In short, her whole day is nothing but a sequence of obsessions and compulsions. She has her entire routine repeat, "Oh Lord, no," in chorus.

A special obsession concerns cancer. It started three years before, when her husband's mother died of cancer. Anything connected with it becomes taboo.

She is an unpleasant patient. She bargains about my fee, then she tells me that she just bought an expensive fur coat. She has a vivid imagination and does not adhere to the truth too strictly.

As a child of six she was afraid her mother might die. This furnished the occasion for her first compulsive act. She made her governess open and close the door ten to twenty times, exclaiming: "*Fermez la porte—ouvrez la porte.*"

She craved her mother's love and tenderness. She loved the odor of her mother's skin. She was prone to impulsive actions. She would take part in rough plays with her brothers, then she would suddenly pass into a state of brooding and dissatisfaction. At eight she suffered from conspicuous lack of will power. Very early she showed signs of cruelty. At the same time she felt pity for wounded animals.

In her diary she praised her mother, but stated at the same time

that she was highly nervous and often unfair to the patient. Her father was a weak person, short-tempered but good-natured. The onset of her obsessions coincides with sexual plays she engaged in with her two brothers. They imitated father and mother, but the patient does not remember how far they actually went. However, she felt the need to confess her transgression to her mother for fear she might have a baby. The medical examination proved her to be intact. She assumes now that her illness has a connection with this experience.

At sixteen she changed radically. She wanted to be a saint. She wanted to reconcile her parents with each other, who at that time had serious quarrels, and preach the gospel of love. In her diary she writes :

"Before my marriage I was afraid my fiancé might be run over by a street car. From that time on I feared something might happen to him. I tried to banish this fear by fervent prayer.—My husband is in the habit of swearing horribly. I adopted the habit of scraping with my foot, in order to counteract his swearing."

She then lists a forbidding number of particularly severe obsessions. She is very superstitious and believes in the evil eye. She cannot cut flowers. That gives her a sharp pain in the region of her heart. She cannot listen when an animal is killed. That causes the same kind of pain. She sees a friend push her umbrella in the sand. She induces the girl to do it again and again. (Asking herself for the reason, she thinks of penis and vagina, and the rhythmic movements of the man.) At times she suffers from depressions. She cannot see lovers without becoming sad.

She reports that, when she was a child, one day a new governess came, who later became her father's mistress. Her mother often left their country house to live in the city. The patient first loved her governess, but later she became restive and defiant. Once she even tried to escape. Finally she was put into a finishing school. Her mother died, her father married the governess and made her heiress to an immense fortune. The patient received barely enough money for the necessities of life.

During adolescence she led a more or less successful fight against

the urge to masturbate. In a summer resort a wealthy Polish doctor, a baptized Jew, showered her with his attentions, admired her poetry and followed her around. What did it matter that he was short and stout, the opposite of her ideal (the Lohengrin type) of which her brother was such a perfect specimen. She became his mistress. From the very beginning she was anesthetic. They could not marry because her father was against this marriage. She became pregnant. Urged by her fiancé, she agreed to an abortion, though she would have liked to have the baby. There was another abortion before her marriage, and one shortly after. These abortions weighed heavily on her conscience, and she decided to have two children for every abortion. However, her first child died after it was born, the other two had physical defects. She considered this God's punishment for the "murder" of her three other children. There were many other conflicts. On the one hand, the aristocratic society to which she belonged did not want to recognize her as an equal, on the other hand, her husband, who had changed from a fervent admirer into a tyrant, made it clear to her that she was the wife of an ordinary doctor. Sometimes he even beat her, particularly when she made fun of his family or his Jewish origin. He joined her brothers in a lawsuit against her father concerning the inheritance. In his last letter her father cast a curse upon her and her husband and threatened to disinherit them completely. This curse made an enormous impression on her. She had always believed in the effectiveness of curses, and so she wrote to her father many letters imploring him to retract the curse.

She was suffering under the loss of her social position; she was leading a life lacking sexual pleasure, a life without love. She did not want to admit that. She needed the fiction of a great love. She acted the part of a loving wife, even better than that, of a wife in love with her husband. These contrasts furnished the basis for her obsessions and compulsions. Only the death of her husband could bring about an acceptable solution. She would inherit his money and could associate with other men to find a better sexual adjustment. However, her moral and religious ego opposed such anti-

moral wishes. She believed in the omnipotence of thoughts. This belief was strengthened by the death of her "favorite" sister, who had many qualities she lacked, and who, incidentally, had married an aristocrat. This fulfillment of an old childhood death wish added new strength to her old superstitious belief that wishes can kill.

In analysis it became clear that she was longing for a reconciliation with her father. She had a strong fixation to her brother, whose life she wanted to share. She hated Jews, though she did not admit it. Her brother was an anti-Semite, and hated her husband. One day, she reports the following dream:

I am on the road, in front of the old castle. My brother and his wife, on their knees, crawl into a cellar where they are attacked by four tramps. He comes out of the cellar without injury, but his wife has been killed. They were Bolsheviks. I fear for his life. All of a sudden I am in my bed. My little girl shouts: "Mummy, I am here." I want to call the guard, but I cannot run out in the street because I have nothing on but my night-gown. I want to phone for help, but the telephone does not work. There is a hole in the receiver, and, the membrane is fluttering loosely. I am highly excited. Strangely enough I am not thinking of the danger but that I want to enjoy life.

Her brother's wife dies, so he becomes free. The scene shifts from the street (fantasies of prostitution) to the room, under which certain scenes have taken place in which the patient's brother has taken part. The hole in the membrane refers to the fact that she was not a virgin when she married. (Evidently she had been deflowered in her youthful plays with her brother.) The telephone which does not work represents her sexual anesthesia. Her vagina is symbolized by her "little girl." The child's shouting is to be taken as the patient's impulse to live an unfettered life and to achieve sexual gratification at last. In vain she seeks in her husband the pleasure she once found with her brother.

During the analysis of the dream she offered this addition:

I was riding on horseback around the castle. I shouted: "I don't want to write with a short pencil, I have to have a long and thick

one." *In one corner of the park there was a grave. She had an inkling that there was a connection between the grave and the short pencil.*

She had been riding on horseback with her brother. She was dissatisfied with the performance of her husband's penis. She believed it was too small, considering her own size.

This dream reveals her resistance, but at the same time it demonstrates what she wants to hide. The compulsion neurosis is represented as an old castle. She flees into a cellar, into the deepest layers of her consciousness, because she is attacked by the Bolsheviks (i.e., the analyst and her own recollections). The fact that she was her brother's "wife" is destroyed (killed). She will not betray him (she fears for his life), nor will she forget him; the recollection will always be alive. Her little girl symbolizes her sexuality. She shouts, "I am here." But of these recollections nothing is permitted to enter her consciousness. (The guard represents her waking consciousness.) The telephone connection is interrupted, that is, the connection between past and present is broken. She must not know that she has been deflowered before she had intercourse with her husband. He is the only one who knows that she was not a virgin. He has to die. The membrane which flutters back and forth is her hymen. The receiver has a hole. But she does not think of the danger of becoming pregnant, she only thinks of the gratification of her desires. She told us that, as a child, she had been afraid of becoming pregnant. This means a backward shift in time. This fear must have appeared later.

The addition to her dreams shows that she compares her husband's penis with that of her brother. The dream also shows her resistance. She is riding *around* the castle. She does not proceed to the center (of her neurosis). She has buried an experience. Somewhere in the park there is a grave that has to do with the short pencil. It was in the park that her first experience with her brother took place, when they played "father and mother."

When she ran away from the new governess, she was really running away from her brother.

Of all that we have been able to read in her dream she actually

said nothing. Her (probably valuable) associations were drowned in a flood of empty words.

She thought her masturbation was the source of her illness. I explained to her that masturbation was harmless and asked her about her fantasies. After a pause she said she could not remember much, except that in one of them a blond man entered her room and raped her. Also that she was with a man somewhere in the jungle where there was no law.

In another dream *she saw a sheet of paper with much space between the individual lines*. With this she associated an amputated penis. When she happened to think of death while writing a letter, she considered those letters "poisoned" by her idea and began to fear her husband might die. The application of poison to lifeless matter, to rooms, or to other persons, expresses the idea of omnipotence of her thoughts. She wishes she could poison her husband magically with such a letter.

She is in the habit of "amputating" words in a letter. After she has done that she thinks of her husband being run over and then she tears the letter up and has to write it again. To her, the gap between the words means the gap her husband will leave when he dies. Such symbolic acts are immediately punished by sanctions and redeemed. However, owing to her split character she finds this often quite difficult to do.

In still another dream *she is rescued from a muddy puddle by a young aristocrat*; the puddle representing her present muddled situation. *She falls in love with her rescuer*.

Her daydreams follow similar lines. Her last whim is that her husband has to come at once: "I am a frustrated woman. If my husband does not come soon, I will have to be unfaithful to him." I point out to her that she is frigid with her husband. Besides, such escapades are not permissible during treatment. I also remind her of her moral obligations toward her children.

She claims to love her children tenderly; however, the evidence we gather from a dream points in the opposite direction. It also reveals marked homosexual tendencies.

She feels an inexplicable hatred toward house servants, ever

since her father had married a "servant," the governess. At first one is tempted to consider this hatred as based on this fact. But it becomes clear that its roots are much deeper. She suspects she is the offspring of her mother's relation with a stable boy. This may explain her mesalliance; she has returned to a lower social class. It would also explain her father's mesalliance. He took a belated revenge on his wife. He got involved with a governess and chased his wife out of his house.

The patient was furious that her husband did not come when she needed him. She started a little love affair in spite of my warning and her promise not to do so. In the course of their intimacies, her partner touched her panties, which experience became the starting point of a complicated chain of compulsions. She finally cut up her panties with scissors and flushed the pieces down the toilet. She reported her sexual adventure full of remorse and relapsed into her compulsive behavior from which she had been free for some time.

She dwelled on the possibility of divorce. She insisted that she would have to keep the children, although in reality she hated them. On this occasion, as on others, (for instance, after the receipt of a letter in which her husband urged her to be more economical) she made a noisy scene. She sabotaged the analysis very skillfully. A discussion of her past and the resolution of her compulsive behavior was almost impossible.

She claimed to be almost free from all compulsions and attributed this success to the analytical treatment. I was inclined to attribute it rather to the fact that she was masturbating again and achieving orgasm every day. Here also she showed her utter lack of restraint. She began to psychoanalyze her woman friends and advised them to resort to auto-erotic gratification.

Her suicidal tendencies came to the fore. She wanted me to intervene actively in her situation, which I refused to do. I tried over and over again to lead her back to the analysis. The more I despaired of its failure the more she raved about its success.

She reported that, at seventeen, she had seriously contemplated entering a convent. That was after the experience with her brother.

She had re-lived it in an hallucination the week before: *She lay in her bed in the hotel room and thought a man was trying to force the door. She was frightened, and although she knew the door was locked, it seemed to her that a man approached her and said, "Don't be afraid. I am not going to hurt you." She almost felt the touch of his hard penis, which was extremely large. She uttered a cry and turned on the light.*

The following day she began again to daydream while dressing and was subject to various repetitive compulsions. Her husband arrived after a few days and showed himself highly satisfied with the success of the analysis. She left, and I was happy to be rid of my tormentor.

We have seen here a person with strong impulses and an obvious bisexuality, who showed in her childhood easily discernible beginnings of compulsion neurosis, which she was able to overcome. Only the frustration of her married life, the failure to achieve sexual gratification, the inconsiderate treatment accorded her by her husband, and the change of her social surroundings, provoked again the outbreak of her compulsion disease.

As stated before, all compulsion neurotics harbor a secret which they guard anxiously. Our patient wanted to erase this secret. When I referred to her secret goal (to live with her brother) she was speechless with surprise and said flatteringly that I could see what was hidden in the depths of other people's souls.

After a year her husband asked me to finish the analysis. As I did not feel in the position to go through the old emotional scenes again, I referred her to an analyst in Warsaw.

I could not help wondering how her husband was able to stand such a life with his wife. It is true, he had told me that his life was an ordeal, but after all, he had known before his marriage what kind of a person he was going to marry. Was he so foolish as to take pride in having a woman of the aristocracy for a wife? And did he belittle the aristocrats because he would have liked to become one himself? It is strange that he imagined his wife to be his cousin; he seemed to be proud of her name.

With this I close this analysis, which actually was not an analysis. It did, however, achieve a result with reference to the interesting problem that the persons surrounding a compulsion neurotic become accustomed to his compulsion, adjust themselves to his behavior and take part in the emotional drama the patient performs.

Klara had still another compulsion which concerned letters. We mentioned that she had the habit of "amputating" words. Her behavior when receiving letters was even more peculiar. She was not permitted to open a letter right away, for it might contain something "unpleasant." She behaved as though she could change the contents of a letter by a particular ceremony. She had to place the letter in a folder in such a way that only the head of the letter was showing. Then she would wait fifteen minutes, after which time she would open the folder. Then she would take the scissors and place them first in the center of the letter. Next she would cut a small hole in the corner of the letter which she widened gradually. She played her defloration at the age of fifteen.

A similar symbolism can be observed in the next case.

Case No. 43. Mr. Christian B., a thirty-five-year-old merchant, announced himself with the following letter, which I quote in abbreviated form:

"You probably never heard of such an absurd case. With the exception of a few nervous symptoms, I was always well. These symptoms consisted in the fact that I never wanted to hear about death or dying. I was always very sensitive in this respect. I never went to funerals, and even today I feel uncomfortable when seeing a funeral procession. A short time ago, I had the misfortune to lose both my parents. I was still grieving for them when I received a letter from my brother informing me that my only sister had died following an operation. I later found out that she had committed suicide by shooting herself with my brother's gun.

"I was very much upset and angry at my brother because he had not informed me of my sister's death by wire, so that I could have attended the funeral. He replied that he knew of my aversion against anything connected with death and that he had wanted to spare me that conflict.

"I understood his attitude. But when his next letter arrived, I was overcome by an inexplicable reluctance to open it. I put it on my desk, placed a letter-weight on top of it, and waited. The next day I took a heavy book, put the letter beneath it, and the letter-weight on top of the book. I did not dare open the letter. I was able to do so only after a week, after putting a weight on the letter every day, so that there were finally seven books on top of it.

"I was anxiously expecting my brother's next letter. How would I react to it? I wish to point out that there had been nothing in my brother's previous letter that could have caused me to worry about the next one.

"I was seized by unreasonable anxiety and fear. I lost my ability to concentrate. All my thoughts were directed at the expected letter. I counted the days; I anxiously picked up every letter that arrived, examined the handwriting, then, finally, opened it hesitatingly. Perhaps my brother had changed his handwriting. Perhaps he had moved to another town? A letter arrived from America. I am a representative of a great shipping company and receive a good deal of overseas mail. My intellect told me: 'It is impossible for your brother to be in America. Go ahead and open the letter.' Nevertheless, an irrational voice within me said: 'Perhaps he is in America.' Anyway, with each letter that arrived, the same question arose: 'Is it a letter from my brother?'

"I am accustomed to analyzing difficult problems. In my spare time, I read psychological and philosophical books. I have asked myself this question again and again: 'What can be the cause of this anxiety and this senseless compulsion?' I arrived at the following conclusion:

"'You have only one brother. Your parents and your sister are dead; they all died unexpectedly within a short period of time. You are afraid your brother might die, too,—then you would be

the only one left. You and your brother—that's the entire family now. Each death was announced to you by a letter. You are afraid that your brother will tell you in his next letter that he is ill. He can't write that he has died. He can only inform you that he is ill. That's what you are afraid of. But someone else might tell you that he is dead. Yes, someone else could tell you that. This is the reason why you are afraid of letters from strangers. But why are you afraid of letters from America? Why do you have a bad conscience?"

"I have read several of Freud's and your books. I asked myself: 'What causes your bad conscience? Perhaps you want your brother to die. And if so, why do you want it? Could you expect any benefits from his death? No, he is poor and whatever he may leave is of little value to you, the rich man. Could it be an old rivalry? Is it a death wish carried over from childhood? If this were the case, why should it start to worry you now? Now, at a time when you love your brother and eagerly await news from him?'"

"There was a problem here that I could not solve. But I came to an ingenious decision. I decided to conquer my illness with a certain type of training. In a detailed letter, I informed my brother, who knew about my fear of death, of my present condition. I explained it to him with my apprehension regarding his fate and asked him to send me a post-card with a few words every day from now on. I would not have to open the post-card, I would have to read it and my anxiety about him would be relieved by these daily communications from him. I was immensely happy about my decision.

"My good brother went along with my crazy idea. After a few days I received the first post-card and then one on each successive day.

"I had calculated correctly. I could no longer stage the act with the seven books. I had to read the card. But I started to collect the cards until there were seven of them and then I put them under the letter-weight. As soon as I again had seven cards, I took the old ones away and substituted them with the new ones.

"You know how it is when people agree to write every day.

Sometimes the card was mailed too late, sometimes it was delivered too late. There were days when I did not receive a card. Then I became so frantic that I immediately telephoned my brother at his office to hear his voice and convince myself that he was still alive. I almost asked him to call me every day—collect. This would have amounted to a rather large sum since long distance calls were expensive. Sometimes I could not get a connection right away because the lines were busy. This nearly drove me to despair. I put in an urgent call which costs three times as much as an ordinary one; my heart began to beat violently, I was covered with sweat, and almost fainted.

"No, this was not the right way out. I decided to go and see my brother to convince myself of his good health. Accidentally, I received a wire from him just then, telling me that he would come to visit me for a few weeks.

"He arrived, and for two days I was calm. I felt secure and protected. But after these two days I again became anxious whenever I had to open a letter of any kind. I always had to overcome an inner resistance first, and I felt the compulsion to put the letter under the letter-weight; to perform the abbreviated procedure with the seven books, and to open it only then.

"I was faced with a riddle. Apparently my illness had nothing to do with my brother's life. Therefore, when he left after having been with me for several weeks, I agreed with him that he would write me whenever he felt like it.

"I must now admit something that I find difficult to write down. During the last days of his stay, my brother disturbed me. I had longed for his presence—and now the thought occurred to me that it was time for him to leave. I ceased to tell him about my ceremony with the letters. I was ashamed of it and regarded it as my secret. But I realized that I had to examine myself and my thoughts more closely. I had been on the wrong track when I connected my illness with my brother.

"The last days of my brother's presence were a torture for me. I had to pretend that I was happy about his coming to see me yet I counted the days, even the hours until he would leave: another

72 hours, 71 hours, 36 hours more, etc. . . . For the sake of decency I had to ask him to try and prolong his stay; I was fearful lest he accept and was tremendously relieved when he told me that it was impossible.

"My brother thought I had changed to advantage, that I was calmer and more collected. So little do people suspect what goes on in the minds of those closest to them! When we said goodbye, he was deeply moved; he asked me to write to him frequently and expressed the hope that it might eventually be possible for us to work in the same town. He was happily married and advised me to look around for a suitable partner. He said that it was not good for me to be alone.

"These words hurt me. It was my greatest wish to find a partner for life. But I had never yet met a girl or a woman who would have been able to keep me interested in herself permanently.

"I had always been reluctant to talk to my brother about sexual matters. He never asked about my love life and I never inquired about his. It was a silent agreement between us.

"His remark at the station had been our only conversation with reference to the fact that I was a bachelor. However, all the time I had been afraid that he might ask me why I did not get married. I also had all sorts of silly suspicions. Perhaps he thought I was a homosexual because I remained single? Or perhaps he knew about my various adventures?

"I was possessed by the absurd fear that he might know something about me that would discredit me in his eyes.

"After my brother had left, I was again calmer for a few days. I was able to read again and was greatly fascinated by a novel, *The Diary of A Lost Soul*. Unfortunately, this book was to precipitate a new compulsion. Perhaps it was no accident that I had bought it. I saw it in a store window and thought: 'You'd better buy this book. Perhaps it will take your mind off your worries.'

"The book certainly did give me new ideas. But these new ideas were as tormenting as the old obsessions. It suddenly occurred to me that my sister might have left a diary. It might fall into the hands of strangers who would get an insight into her private life.

You will ask what this mattered to me now that my sister was dead. Perhaps it was consideration for the family. My sister had been a physician. I knew that she had her own ideas on things, perhaps. . . . You will have noticed already that I am dominated by a 'perhaps.' This awful perhaps has poisoned my whole life!

"What should I do? I decided to ask my brother about the diary. My sister had died in Berlin; my brother lived in Düsseldorf. Had he been present when the things she left behind were taken care of? I anxiously waited for his reply. In the meantime, I had only one compulsive thought: the diary. All my thoughts led to the diary. When reading the *Daily Paper*, I read 'Diary,' instead. I compulsively declined the word: the diary, the diary's, the diaries, etc. I then attempted to push the word 'diary' out of my thoughts by concentrating on a contrast. I said to myself: nightary, nightaries, etc. There was a whirlpool of words which had the word diary at its center. Finally, my brother's letter arrived. He told me that he himself had put my sister's things in order. No diary or notes were found, only a parting letter.

"My brother forgot that he had told me my sister's death had been caused by an operation. At that time I had thought of an abortion and for the sake of discretion did not want to inquire any further. But now my brother betrayed himself. A parting letter? Does anyone write a parting letter before an operation?

"Now I suddenly realized that she had taken her own life. Why? What was the reason? She was young and beautiful; she loved life; she held a good position at a sanitarium. Why had she committed suicide?

"Again a problem, an unsolved question. Again a 'perhaps.' Well, my brother would be able to tell me the truth. I wrote to him, imploring him to tell me the whole truth. I told him that I was prepared for the worst and that I preferred the most cruel truth to this terrible uncertainty.

"Even before his answer arrived, the fear to open the letter reappeared after a long interval. I struggled hard. A voice told me: 'You will open the letter as soon as you receive it!' Immediately,

another voice replied: 'If you open it, something terrible will happen.' 'How stupid,' I said to myself. 'What could happen? The most terrible thing has already happened—the death of your beloved sister. Or are you afraid your brother might die? Nonsense. Why should he die? Because you open his letter? What nonsense! You are a fool!'

"The letter came—and I had a relapse. I again put it under the letter-weight; although I struggled against this act with all my strength, for seven days, I performed the same ritual as before: I put another book on top of the letter every day, exactly as I had done the first time. I had to wait seven days—then I could read the letter.

"It did not relieve my doubts. Nothing was known about the actual cause of the suicide. In her last letter which was addressed to my brother, my sister wrote that she had decided to kill herself because she was tired of life and she asked him to refrain from trying to find any motive for her action. Since no written material had been found, it was assumed that she had burnt all her letters and notes that might give a clue to the suicide. My brother wrote me that he had not told me the true circumstances of her death because nothing was known about its cause and because he was acquainted with my tendency to brood.

"You can imagine how upset I was. I was again confronted with a 'perhaps.' The doubt started again. 'Perhaps there was a man who played a role in this mysterious case. Perhaps this man had the diary of—a lost soul,' an inner voice whispered to me. After all, my sister was lost to me forever.

"I began to analyze myself. Why are you afraid of this diary? What could it contain? Does it have any connection with you? I felt a certain reluctance to approach these problems.

"During these difficult days, a new symptom appeared that turned life into hell for me. I was unable to open a letter. Regardless of whether it came from my brother or whether it was a business letter, which I could determine by looking at the sender's name and address—I could not open it. I could have asked one of my employees to do it. But then I thought: 'There might be profes-

sional secrets or some personal communications in it. You must open the letter yourself.'

"In my business it is often necessary to make important decisions at a moment's notice. A single day's delay may cause considerable loss to myself and my firm.

"I went through a violent struggle. 'Open the letters!' 'You must not open them, or your brother will die!' 'Nonsense! You are a fool. You belong in an insane asylum!'

"What use were the voices of reason? My fear was greater. I postponed the most important matters for several hours. Then there was another symptom when I had finally decided to open the letter. I must not open it quickly. I first examined the letter carefully to find an opening. *I then inserted the paper-knife into this opening, enlarging it carefully, as if I would cause pain to the paper.*

"I also had the tendency to throw the letters away as soon as I had read them, although it was important to keep them, in any case until they had been taken care of. Letters that seemed unimportant to me I put aside and postponed their opening sometimes for as long as a week, so that inquiries were made and I suffered, and am suffering, considerable losses in my business.

"I am at the end of my strength. If you can't help me and liberate me from my madness, the only alternative is suicide. I would follow my sister into death and my brother would then be faced with the same riddle which my sister's death has confronted me."

This was the description of his disease which preceded the patient's visit. He only had a few days' time. The analysis could be only a symptomatic one.

I proceeded on the assumption that the patient was dominated by defloration fantasies when opening a letter. I had the choice to either find out about his sex life gradually, or to come straight to the point.

I decided on the latter course and asked:

"How many girls have you deflowered?"

He looked at me in surprise. "Why do you ask? Do you suspect some connection?"

"Answer my question first. How many?"

"Seven."

"You are not married. How did you arrive at such a high number of deflorations?"

"I must admit to you that I can only have intercourse with virgins. And with each girl only once. Then I must leave her."

I have quoted our conversation. The patient concentrates on virgins. He knows how to attract the girls and how to induce them to come to his home or to an hotel. After a single intercourse, he loses all interest in the girl.

When asked about the fate of the girls, he becomes cynical. Some had married, of some he had lost sight, one had turned into a better-class prostitute and had committed suicide a year after the defloration. However, there could be no connection between defloration and suicide since the latter had not taken place until a year after he had been with the girl.

This was the explanation for the seven books. They were the seven deflorations which burdened his mind, although he pretended to be cynical about them.

The outbreak of his illness so shortly after his sister's death caused me to suspect that there was a further connection here. However, I let a few days pass before I approached the subject of the sister. Meanwhile, the patient was extremely satisfied with the results of the treatment. He was surprised only that he had not found the solution himself. He got ready to leave for home and assured me of his lasting gratitude.

But I held him back. He then revealed that when he had been seven years old he had made an attempt to have intercourse with his sister. However, she screamed, the mother came in and he was severely punished. After this he had never again regarded his sister as an object of sexuality. Life had kept them apart from each other; he was sent to a boarding school so that he had not been with his sister during the critical period.

Yet, finally, he had to admit that he had frequently spent his vacation with the rest of the family in the country.

During the seven days (seven—his fateful number) he was in

Vienna, he produced only one dream which, at first, I was unable to understand:

I am playing on the piano a new étude which I have never played before. There are only octaves for the left and the right hand. The right hand changes the notes, as if I were playing scales, but the left hand repeats a single note—I believe, an E.

He has no association to this dream. I ask him what his sister's name had been. He replies, "Ella."

This explains the note "E." An octave consists of eight notes, seven of which represent a succession of different notes, while the eighth is a repetition of the first tone. The patient adds that he had the feeling he was always repeating the same notes although he was practicing an exercise in scales.

The dream has the following meaning: "With every new exercise I repeat an experience I once had with my sister." Could it be possible for an event that took place when he was seven years old to develop such a strong determining force? When his mother frustrated his aggression by punishing him, she may have caused a defiance in the boy which finally developed into a compulsion. But I suspected that there was a deeper meaning to this dream. Ella had taken her life. He was afraid her diary would be found, he had a bad conscience. The acute aggravation of his illness following her death must have had a connection with Ella. He repeated with others what he had experienced with his sister.

We now return to the dream. I ask him if he hadn't made a mistake, if there hadn't been eight girls instead of seven.

"You are touching on the subject of my doubt. I put seven books upon the letter. According to your interpretation, I did this to express my bad conscience, although consciously I do not feel anything like a conscience. Anyway, after having placed these seven books there, I wanted, of course, to continue, and to put another, an eighth book (the octave) on the letter the next day. But then I told myself energetically: *there must not be an eighth book on top of the letter*. In this way, I put an end to the game. I can see only now that the game had a deep meaning." He then began to talk about his sexual disturbances.

"I am an unhappy man. Others have love affairs and are happy. I can never embrace a girl a second time. Prostitutes do not interest me. I only want pure, innocent girls. How can I ever marry? What shall I do after the wedding night with my wife? I cannot run away then. I want a family. I want children, just as my brother has. But everything is denied to me."

"For how long have you been abstinent?"

"It is two years since I last was with a girl. After all, I have a heart, even if I don't have a conscience. I am unable to seduce a girl and to leave her then."

I explain to the patient that he has "inner morals" and that he now punishes himself for the many previous deflorations. His tendency to suicide derives from the need to punish himself. He was oppressed by the girl's suicide. I ask him if it had not been the seventh who killed herself. Yes, it had been the seventh. He slowly begins to understand.

I then request him to tell me one more thing: Who was the eighth? I point to his fears regarding his sister's diary. He emphatically denies that anything had happened between Ella and himself of which I did not know already. With this, he departs. A year later, I receive the following letter:

"You will probably remember me, the man who was unable to open the letters. I feel obliged to tell you that I have completely recovered. I am not happy, but I am engaged and expect to get married in two months. Do you think I should have analytic treatment before that? I consider myself cured.

"Since I owe my recovery to you, I feel that I must tell you the whole truth. *You were right. When I was sixteen, I deflowered my sister who was two years younger than I.* I was with her only once. She did not resist me. It happened at a hotel in I., during our trip to Switzerland. When I left her room, I met my brother in the corridor. He asked me where I had been. I replied: 'On the toilet.' He said: 'That's where I am going.' I had a bad conscience. It seemed to me that he knew where I had been. Later, I remembered that my sister had not bled at all. I suspect that my brother went to her, too. Recently, I read of a similar case in one of your

books and I suddenly remembered this incident clearly. I had always known about it, but it was unpleasant for me to think back to it.

"I know now that I repeated this experience with seven girls. My sister's death activated my conscience. I must have thought that I was guilty of her death, and I reproached myself in a different form: I told myself I should have gone to Berlin to see her, instead of to Italy; I should have written her more often. I should... and perhaps she would still be alive.

"As you see, my 'perhaps'-neurosis is still evident in my letters.

"I can clearly see now how my illness developed. I cannot say that my realization made me happy. Afterwards, I was deeply depressed and seemed to have lost every interest in life. Only gradually did I manage to pull myself together and to begin to enjoy life again. My love for music has been a great help. Through this medium I met my fiancée. We often play the piano together. But the octave-étude is finished forever. . . ."

I omit the further details of the letter. I did not advise analysis. The result must have been good for I did not hear from the patient again. Had it been bad he would certainly have contacted me.

Looking back upon the case, we can see a phenomenon which always recurs in and is characteristic for compulsives: the *flight from a memory, the fear of a certain association*. Like all compulsives, this patient, too, was dominated by a fear of death, which represented the anxiety-provoking fantasy. Generally, patients try to avoid associations which might remind them of death. It was characteristic for the patient that after the death of his parents and his sister he omitted to use the customary writing paper with the black edge, and that he hated such paper especially. He rationalized: "I detest mourning wreaths, mourning clothes, black-edge stationery and visiting cards. It always seems to me as if the people were boasting with death. They claim: 'You must pity me because my parents have died.'"

In a sense the patient is right. But everybody must conform with custom. He does not want to adjust himself because associations with death are unpleasant to him.

This phenomenon might be described as "fear of recollections." At the beginning of his anxiety was defiance against his parents. They punished him by spanking for his first act of aggression against the sister. They forbade him to masturbate.

The patient's defiant attitude may be put into the following words: "If my parents were dead, I could do with my sister whatever I want to; I could masturbate whenever I felt like it." (Similar death wishes are quite openly directed against teachers, or any other strict educators.)

Then follows the religious-moral education; the idea of sin is instilled in the childish mind, and the conscience begins to grow. As a result, these death wishes are combatted and repressed and in their wake the first compulsive actions and ideas develop.

During all this time, our patient was dominated by the thought: "When my parents die, I shall take my sister." Later, this idea degenerated, it was sublimated, it turned into the wish to share his sister's life, to intensify the spiritual relationship and to suppress and displace the physical yearning.

In his post-puberty period, the patient succumbed to his urge to have intercourse with his sister. He was unable to wait any longer. He could not wait until the parents were dead.

Thus the incident at the hotel occurred. In addition to the patient's feeling of remorse, the experience was charged with the affects of shame and fear of betrayal through the meeting with his brother. This encounter had the effect of a warning and prevented a repetition of the occurrence.

Afterwards, the experience appeared forgotten. The relationship between brother and sister was a good one; both knew

about the secret, but neither of them mentioned it—it seemed to be blotted out.

Still, the experience demanded repetition. The patient sought the company of young, inexperienced girls with a good family background. They were either still in their puberty, or just out of it—the period of their life when it is easiest to seduce them. He exploited their innocence and naïveté; he took them to his room under some pretext, and then repeated the scene with his sister. (The mechanism of defloration and his caution are expressed in his ceremony when opening the letters). He was able to be with a girl only once because he had slept with his sister only once. Most likely his thoughts also ran in the following direction: “Why should you be better off than my sister? Why should you be a virgin if my sister isn’t one?”

All this time he was waiting for his parents to die so that he may live with his sister. They were separated; she had her profession and her own friends—but he was not able to renounce his neurotic goal.

His parents died. That would have been the time to realize his secret plans. But it met the fate of all fictions. He waited for a lucky chance, a miracle. Meanwhile, his conscience had been activated. He no longer possessed the unscrupulousness with which he formerly repeated his experience. He turned into a coward. However, he did come very much closer to success. The first condition, the parents’ death, had been fulfilled. The neurotic death clause had become reality.

Then the real tragedy occurred: his sister died. He immediately suspected suicide. He did not dare ask his brother because he did not want to hear the truth. With the amazing ability of all neurotics to stage an act for themselves, he pretended to himself that he believed in the fatal operation.

But Ella’s death was a reality he could not ignore. His conscience stirred again and inquired if he could not have been

the cause of her death (omnipotence of thought), because he had begrudged her every other man or because he had deflowered her. His sexual pattern was disturbed, his secret life plan destroyed.

When the leading sexual goal is destroyed, suicide tendencies arise. The impossibility of ever attaining the secret sexual ideal drives the compulsive into death. His suicide then appears as a self-inflicted punishment for the criminal ideas and death wishes. But no suicide takes place; all self-destructive ideas and all originating antimoral and antisocial tendencies submerge in the endless stream of obsessions and compulsions.

Looking back, we can now understand the patient's "diary-complex," his fear that his brother might discover something, his reluctance to open a letter, the anxiety which set in whenever his brother visited him.

It is interesting how well the sexual paraphilia (virginity as the prerequisite for potency and libido) corresponded with the patient's leading sexual motive. The various objects of his sexuality were substitutes for his sister. But they were more than just ordinary sister substitutes; they *were* the young, as yet virginal, sister.

We can distinctly see how the repetition compulsion developed, how it determined the patient's life, how the patient, in conformity with his *leitmotiv*, sought new experiences out of his longing for the old.

At this point, I should like to rerer to the difference between my conception of the *leitmotiv* and that of Alfred Adler. Adler's *leitmotiv* is identical with his "will to rule." According to him, sexuality is subordinated to the will to rule. As I see it, sexuality is the force which determines the *leitmotiv*, to which the lust for power is subjected. The latter is developed as a compensation for the renunciation of the other *leitmotiv*.

I, too, believe in a life plan. *But in this life plan, the sex motive is the dominant idea.*

In every case, we must look for the dominant idea. Janet had this in mind when he referred to the importance of the fixed idea in the psychodynamics of neurosis, in his work, *Les Névroses et les Idées fixes*. But he does not consider the importance of the fixed idea as the dominant motive in the life plan. I entirely agree with Adler in one respect: *every neurosis has a "final" tendency*. It is to his credit that he placed such emphasis on this point. His basic mistakes were the exclusion of sex and the inflexibility of his uniform hypotheses, into which the great mass of neuroses and paraphilias had to be pressed.

Our last case shows clearly how the neurosis had at first occupied only a small space in the patient's psyche. It did not handicap him socially. His illness was almost an autonomous idea (what Wernicke calls a "dominant" idea), a sejunctive process which, nevertheless, was strong enough to exert a decisive influence on his sex life, and was about to take possession of his entire personality.

The danger of compulsive neurosis lies in the conquest of the entire personality by a fictitious life plan, and the suppression of the real one.

Our patient faced just this danger. He stopped working, he was about to lose his position, and suicide remained the only alternative.

It may be of importance to note that the patient had an Italian name which, translated, would mean "Brother-man." This name shows an extraordinary relation to his neurosis. In an essay, entitled, *The Obligation of the Name*,¹ I pointed to the relation between name and occupation as well as to the relation between name and neurosis. Abraham confirmed my

¹ Ztschrft. f. Psychotherapie u. med. Psychologie, Vol. III, 2, 1911.

findings and proposed the expression "the determining power of the name".² Superstition is frequently connected with names.³ In the same way, the character of the compulsion may be expressed in the name. The name is then regarded as fate, in a similar manner as the intermediary's name in Goethe's *Elective Affinities* is "Mittler" (intermediary).

My first case of this type concerned a man who complained that he was employed in a store where he had to count packages. He was never certain if there were really ten of them. He had to count them again and again, because he was always doubtful and "never sure." When I asked him for his name, he replied to my surprise, "Sicher" ("sure"). A man who suffered from a compulsion to press everything, who was afraid of pressing too hard when moving his bowels, who wanted to touch women in such a way that they would not feel the pressure, and who complained of "heart-pressure" on his chest, was called "Drucker" ("presser").

I could give a large number of examples to prove the deter-

² *About the Determining Power of the Name*, Zentralblatt f. Psychoanalyse, Vol. II, 1911, I. F. Bergmann, Muenchen.

³ According to Levy-Brühl, primitive peoples regard their name as something concrete and real, and frequently as sacred. With the Indians, their names are part of their body, such as the eyes or the teeth. On the West Coast of Africa, a man regards himself as injured when his name is defiled. Some primitives are not allowed to pronounce their own names; it is frequently forbidden to them to mention the names of dead. "To misuse a name is equivalent to mistusing the person or the creature to whom it belongs." A tiger is announced with the call, "a cat." The Chinese identify persons with their names in the same way, as they are unable to differentiate between reality and pictures and symbols. Names have mystic qualities. "Names determine and limit the secret forces of the things they are part of." The same applies to the shadow, about which the primitives are very much concerned. Even highly civilized people are afraid of mentioning certain names. The English substitute expressions like "the good old gentleman," or "Old Nick" for the word "devil"; the Americans say "Gosh..." instead of "Oh, God." Orthodox Jews have the strange custom of giving a dying person a new name as a last hope. This new name is then written on the door while the old one is erased. The purpose of this is to mislead the angel of death. The angel has received a certain order referring to a specific name: if he cannot find the name on the door, he will pass by. I also wish to refer to the well-known Latin proverb: *nomen est omen*.

mining power of the name, if professional discretion did not compel me to use fictitious names.

I shall give only four brief instances of the connection between names and neurotic symptoms. A man was suffering from the fear of being accused of crimes he had not committed. When he read in the paper about a murder for which the killer was sought, he asked himself if he was not the guilty one. His first name was Innocence. The second case concerned a patient who also was afraid of being held responsible for other people's crimes, and of being taken into custody by the police for them. His name was "Haft" ("custody"). The third patient was unable to throw anything away; he thought it might be something important or that it might be misused in some way: for instance, a slip of paper with his handwriting on it might be used as a check. He was named "Werfel" ("werfen"—to throw). A man who complained violently about his family had the name of "Klaeger" ("complainant").

The case of Innocence introduces to us a certain type of doubt with which quite a few of our patients react when they hear about a crime: Could I have committed it? or Could any one regard me as a criminal? This doubt neurosis is derived from a bad conscience and the endopsychic recognition of one's criminality.

These fears and doubts can be understood when it is realized that these patients have committed *all* crimes in their fantasy, and that the borderline between reality and fiction is a very vague one. In the case of the patient named Haft (custody), we find the fear of being taken into custody for the crimes of others. This is the same phenomenon as the one described above, which may be reduced to the question: Who is guilty? He or I? Many patients display a fear of policemen, law courts, and cells. The name Haft is regarded as an omen.

Werfel's case shows a typical symptomatology. He is afraid

of throwing away or of burning something valuable and, consequently, suffers from a mania to collect things. His fear is rooted in his symbolization compulsion and in his *wish to retain the memory of a certain event although it is apparently forgotten*.

Such patients inspect closely every meaningless slip of paper. It might contain some important communication. It might be money that has been thrown away. Something might be written on it that could be misinterpreted. Someone might use it as a check for which they could be held responsible. It could be misused for purposes of blackmail. This fear leads to a collection compulsion. The most unimportant things are preserved: street-car transfers which might prove useful as alibis in case one were accused of a crime; bills, letters, newspapers, strips of paper, matchboxes, cigar butts—all these objects are amassed until one day the patient makes a heroic decision to burn them. Here, we may again observe a form of repetition compulsion, a clinging to the old, the past, the useless, the conversion of worthless trash to fictitious treasures.

In the mind of the compulsive everything becomes a metaphor, a symbol, an omen, a clause—everything assumes a secret meaning and is wrapped into the magic cloak of the supernatural. The number on the streetcar ticket is closely examined. Strange! It contains the date of somebody's birth. One's name, too, has a mystical meaning. In all cases superstition (which actually represents a belief in one's own occult powers) plays a role. When the compulsive catches up with some other person on the street, he considers himself the champion in the race of life.

All compulsions contain a secret magic. Thus, one compulsive told me that as a child he used a magic formula to ban the spirits: *ne pertinat ad me!* These magic formulae, too, are subject to compulsive repetition. They must be repeated a

certain number of times in the same way that Catholics repeat the rosary prayers.

Frequently, the name is used in the compulsive repetition of the formulae. The name must be pronounced ten times, or even more often; it must be changed or mutilated in a certain way, or it must not be pronounced at all. In the case of the lady aristocrat whose case is described in this chapter, the fact that she had to give up her name became a severe trauma. Her name held a special meaning for her, which she expressed in her compulsion.

Other patients want to change their name; they are dissatisfied with it, they may only pronounce it backwards, etc. Frequently we can trace these actions to the patient's doubt in his origin. He actually asks, "Am I really X?"

A name is received at birth. Many compulsions are related to the birth certificate which obtains a considerable meaning in dreams and symbolic actions (as the document; see *Case No. 12*).

How true is Herbert Silberer's statement: "A man's name is like his shadow. It accompanies him throughout his life. It is forever connected with him, it is a piece of himself. Yet, if we regard it realistically, we find that it is but an immaterial nothing."

In between this "nothing" and this "shadow" lie all neurotic possibilities.*

* Was the name "Brother-man" for our patient a determining force or was it merely an accident? We cannot say. It is certain, however, that his sexual abnormality was related to the "brother-man" and that it conformed with his secret neurotic goal.